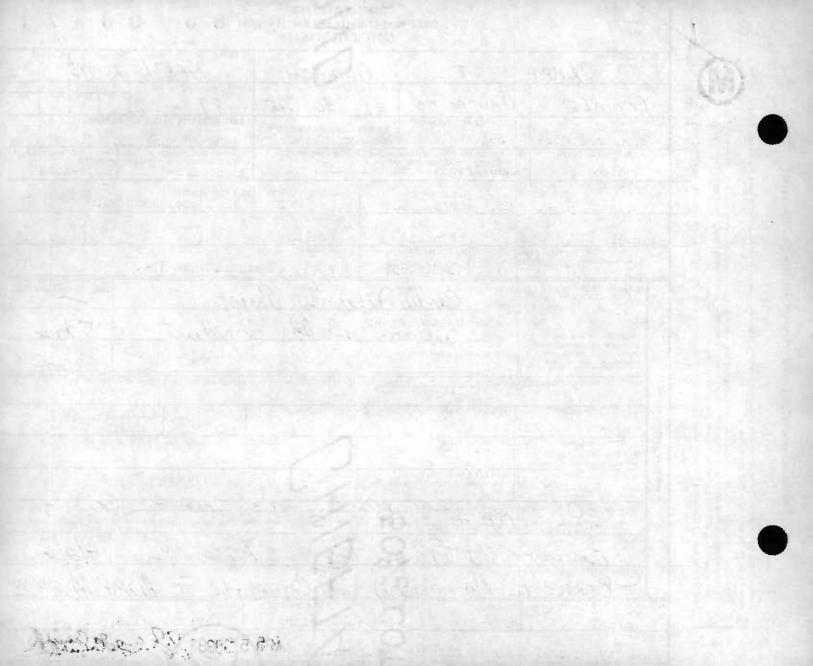
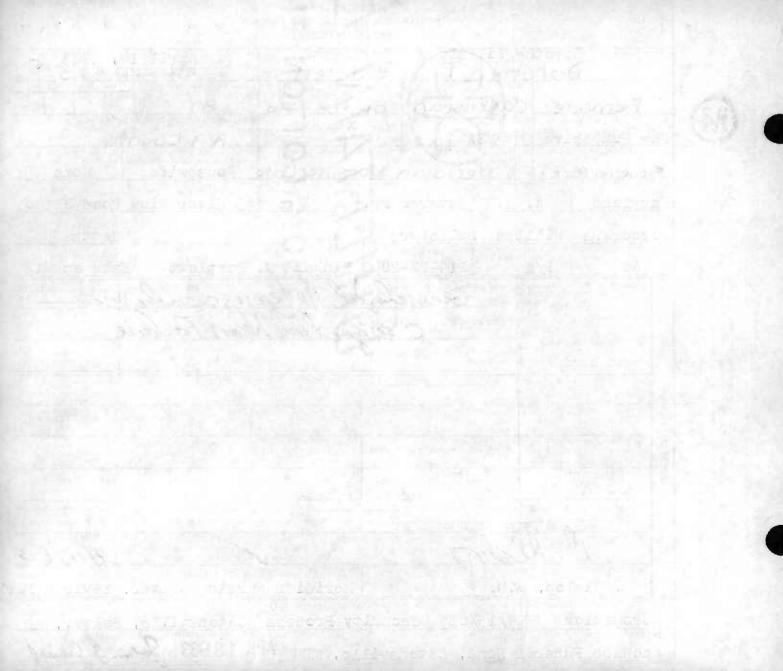
	· n						STATE OF N					
7	18	1 - ST						ERTIFICATE		REG. NO	0 8	3 / 0
N	D'age	1. DECE	ASED NAME	HARI	RY MI	CHAEL	Aci	KERMA			MONTH DA	YEAR 26 HOUR
-	SSARY PALDIRECT AND TO HOLD STOW STREE	3. SEX		VHITE	5. DATE OF BIRTH	1913 6. AGE	(IN YEARS IF UN BIRTHDAY) MONTH YRS.	DER 1 YR. IF UND	I MIN PRO	DATE NOUNCED DEAD 4	MONTH D)	19 8.3 2d HOUR
•	NERAL NERAL MITHIN PEST	7ª BIRT	HPLACE (STAT	ILL.	76. CITIZEN OF WH	AT COUNTRY?	8. MARRE WIDOW		RCED .	ANNE	ARU	NDEL MD.
	E PAGE	AL AL	NAP	O LIS	II. NAME OF HOS	GEN.	Host.	ER INSTITUTION		CCUPATION (TYPE)	E OF WORK 12b	S, GeVMT
21201	Section 3	USUA 130 STA	TE IF.	IN HURSING HOME O	AMZUTO	SACRAZ	WN	13d INSIDE CITY LIMITS YES 🔼 NO		DDRESS th	ST.	95819
BALTIMORE, MD. 21201	SAND 2	HA	FIRST RRY	HARLE	5 ACA	EKMA		15. MOTHER'S MA	IDEN NAME	WADDIE	MEYE	LAST
ALTIMO	JRS AFTER CE 3. GIVE PAGE WITH FORM I. PAGES 1 DIWISION OF	16a. WA	S DECEASED I	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	328 03	3143A	THELM A	H. 1	1 CKERM	AN	#13
PRESTON ST.,	E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS E. WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. G RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PREMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIV 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDEA Conditions, gove rise	IMMEDIA IMMEDIA to immediate toting the under-	TE CAUSE (a) DUE TO, OR	for (o), (b), and (c	ry c	Telery	dine.			APROXIMATE INTERVAL PENERAL ONSERAND DEATH
DIVISION OF VITAL RECORDS, 201 W.	NEDICAL WEDICAL AS A BUR ALTH ANI CREMATIC				CONTRIBUTING TO DEATH				PART 1 (g).			
VITALR	SHOULD ORD "PE CHIEF A CHIEF A TOF HE	TIFIC	9a. DATE OF C					'AS PERFORMED?				YES NO
ONOF	CERTIFICATE TING THE W DED TO THE 3 SHOULD E DEPARTMEN	18		OR G CAUSE OF		MONTH DAY	YEAR	CATION	RRED LENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	
DIVIS	E, WRITIN E, WRITIN WARDED PAGE 3 S STATE DEP			NOT WHILE [	STREET, FACT	OF INJURY (AT HO ORY, FARM, ETC.)		STREET	CITY	ORTOWN	COUNTY	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 8 AFTER DESTINANT THE SI BALTIMORE, MARYLAND;		220 I certify death resulted ACTUAL SIGNATUEL	A	ge of the remains des	Accident ,	Suicide	Hamicide TITLE (SPECIFY	Undetermin		DATE SIGNED	4-4-83
	MEDIO GECUTE NGE 4 S FUNE TER DE		XAMINER'S N		Sun	roll		ADDRESS	Jan	1 fol	3,20	2
9999	Bb	Ba	RIAL		Pr. T. 198	3 CAST	LAW A	$1$ ( $\epsilon m$	23d. LOCAT CITY OR TO TE RECO. BY REG	ramen	COUNTY ISTRAR'S SIGN	CSTA
	DHMH-17 (VR A15 ME (5)) 15M 2/80		LOR FU	UZERL	HAPEZ ADDRESS	found	0213 1		6 98	33 gru	-de la	welf.

HARRY Flowner ACKERMON SOND 4-4 85 ANGE WHITE COLD IN 1971 IN STATE OF THE COLD IN THE CO Relieved Tee Wish. CALLE STERRIZOTO SHIRLARDETT - HIS HES ST CHERRY HARRY CHARLES FLEXERINA SUILEY MEYER No I THE BEGGE STATE HAVE HERELAND THE HERELANDE TE 13 and the second s LIRING HELTING CHATTANUM CEM GOODOMENTO CH James James Comme Contract for any of some of some

DHMH - 16 50M

11	1	FOR	DEPARTA		OF MARYLAND	AL HYGI	ENE 8 3 0	8 8 7	1
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)	1. SE2	CLARF	heresa heresa	5. DATE C	MBACH				M DER 24 MRS
de		FEMALE	CAUCASIAN	09	26 18	75	87 YRS.	ONTHS DAYS HOURS	MIN.
TIL.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRI	ED 🗆	9. BALTIMORE CITY OR COUNTY	OF DEATH	
\$2		Baltimore, Md.	US AV	WIDOWE			Anne Arundel Co	12b. KIND OF BUSI	MD.
53		Annapolis	Anne Arundel Ge	neral	Hosp.		TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	househol	
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7	14 FA	Md A.A		de	YES NO 1		AE .		
120	Sa	amuel	Franklin		Julia		WIGDLE	LAST	
Scol	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 165 SOCIAL SECU	RITY NO.	17. INFORMANT	8.11	ADDRESS		
1		no	213-32-05	57	Adrian	Amba	ch same as 13e.		
and, the		PART I. DEATH WAS CAUSE		A CO	sistory	(I)	Lost	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
alic de		4360 IMMEDIA	DUE TO, OR AS A CONSEQUE	NCE OF		Leio	0.17	111	77
000		Canditians, if any, which	( 16) Cerebr	. 1	mould	1 (	vecident_	1/004	4
other to	9	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				1 6	)
19, 01	,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	HE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 1/a	
9	FICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED			WERE FINDINGS US	
1	TIFIC						YES NO YES	ING CAUSES OF DE	_
10	CERT.	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	11 -
21	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES		19	211 LOCATION				
ked o	MEE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE P	ARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
- W		220.1 certify that (1) (this haspi	ital) attended the deceased fram_	MAN.	2 25 19.	82	death accurred an the date and haur		(we) last
E 5		abave (1) we (did) (did no	of) view the bady after death.		DEGREE	артпап с	geath accorred an the date and haur	22c. DATE SIGNE	
4 6		Barry A	P. Wattack	AL	MAN ATTEN		MEDICAL STAFF	4/2/8	3
MITAN		224 PHYSICIAN'S NAME ITYPE	0 11		TO ADDRESS		NO00 5 1.00	10 MA 2	11/12
1	23a. B	BURIAL, CREMATION, REMOVAL	T23b. DATE 123c P	NAME OF C	EMETERY OR CREM	ATORY	1) PHO ST. HUNT	98. MJ 31	705
_	(	(SPECIFY) Burial			t Cemeter		Davidsonville	e, Md.	STATE
4/B2		UNERAL DIRECTOR	ADDRESS	٨		APR	REC'D. BY REGISTRAR BY REGISTR	AR' DIG ONTHRE	*
	Ha	rdesty Funeral	Home 12 Ridgely	Ave.	Ann. Md.	741 11		14	1





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CENTII	ICATE OF D	CAIR	REG. N	10.		
3		CEASED NAME	FIRST	Α.	AIDELE.	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
¥	(TYPE	OR PRINT) Me	lvina		Κ.	Ba	shier		April	27, 1	983	1 a. M
J	3 SEX	X		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		White	e	Ju	ly 23,	1902	80	YRS	MONTHS DAYS	HOURS MIN.
4	7a. BI	RTHPLACE (STATE OR FO	OREIGN .	76 CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY			
	W.	aterville,		USA	P	WIDOWE	D NEVER M	ORCED	Anne Aru	nde1	County	MD
1	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
1		len Burnie	-	207 P	lymouth L	ane,	Apt. D		Housewi			
	13a S	AL RESIDENCE (IF NURSI	13b COUN		130 CITY OR TOW		13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS			21061
1		Maryland	AA	1 S 3 W	Glen Bur	nie		NO X	207 Plym	outh	Lane, Ap	ot. D
1	M FA	THER'S NAME					15. MOTHER'S		WE		, , ,	
6	/	Frank	^	AIDDLE	Daigle		Ma	ry	WIDDLE		Clai	re
1	16a V	VAS DECEASED EVER I			16b. SOCIAL SECU	IRITY NO.	17 INFORMAN	IT.	ADDR	ESS	Glen Bu	rnie
	()	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	006-14-6	806	Gloria	M. De	mbeck, 1027	Sunn		
		18 CAUSE OF DEATH	Enter onl	y one cause per	line far, (a), (b), an	d rc					APPRÓXI BETWEEN C	MATE INTERVAL
		PART I. DEATH WA		D BY: E CAUSE (a)	Acut	1 h	eart.	fair	luce			les.
		4797			AS A CONSTOUR	NICE OF -		44114				
		Conditions, if any,	which	DUE 10, OF	AS A CONSEOU	BUZ	fati.	ou				
		gove rise to imm	ediote	) (0)	//				Land to the same			
		underlying cause	last.	DUE TO, OF	R AS A CONSEOUR	NCE OF	c. U.	2.				
		PART 2 OTHER SIGN	IFIC ANT C	ONDITIONS CO	NITPIBLITING TO I	DEATH BUT	NOT PELATED	THE TERM	INAL DISEASE OR CON	IDITIONIC	WENTINI DADT 1	
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2	CERTIFICATION	190 DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20g AUTOPSY?	Zoh JE Y	ES, WERE FINDIN	IGS LISED
	FIC									IN CERT	TIFYING CAUSES	OF DEATH?
_	ERT	21g. ACCIDENT WAS UNDI	EDIVING	21h, TIME OI	E INTITION		Tale HOW/IND	LIDY OCCUPE	YES NO		YES 🗌	NO 🗌
1	0 1	OR CONTRIBUTING C		110110 4 1	M. MONTH DA	AY YEAR	211.110W 1143	OKT OCCORR	ED (ENTER NATURE OF INJ	JRY IN ITEM IS	B PART FOR PART 2)	
	CA	(IF EITHER NOTIFY MEDIC		P./		19				140		
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY BET, FACTORY, OFFICE, F	ARM. ETC 1	21f LOCATIO	N	CITY OR TO	OWN	COUNTY	STATE
	~	AT WORK AT WOR	K L									
		220.1 certify that (1)			deceased fram_			, 19	_, to 7 -7			that (1) (we) last
		saw the deceased abave, (1) (we) (di	d alive on_	yiew the hady	ofter death	Z, an	d that in (my) (	our) opinian c	death occurred on the c	late and h	our and fram the	causes stated
		226. SIGNATURE		, mon mo bady	arrer ocum.		DEGREE	Year			22c. DATE	
		Kolac	it	1901	المرا	Lun	AT	TENDING Y	MEDICAL STA	CIAN	4-2	8-83
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS	TOTAL INTERNATION	Z THE TON CHANGE			
	0	Robert	Dabo	lins, M	. S.		400 Ci	rain Hi	ighway, N.W	1., G	len Burn	ie, MD

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAM
Specify Surial 30 Apr 83 Holy
24 FUNERAL DIRECTOR
James S. Kirkley, Glen Burnie, MD 23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery Baltimore Anne Arundel

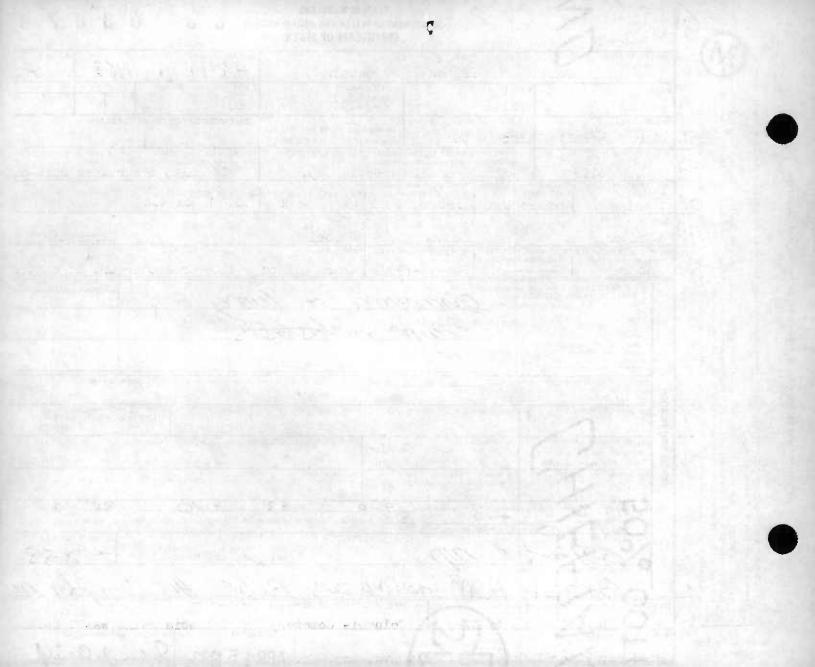
23d LOCATION CITY OF TOWN Baltimore

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Ite

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STATE OF MARYLAND
DÉPARTMENT OF HEALTH AND MENTAL HYGIENE



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Bowie, Maryland

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Beall Funeral Home

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Annapolis, Md. 21401

WILLIAM REESE & SONS MORTHARY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGISTRAR (S. REGISTRA

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21203	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the theorem. For page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be lifed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medical examiner must be mailling at the contract of the contract o
DIVISIO	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this should be detached for use as the b with the State Dept. of Health and A	IMPORTANT: If Item 21 is marked or
	DD		

(VRA 15, 4)

X		FOR		DEPARTI		OF MARYL	AND MENTAL HYG	IENE 8 3	0	8 8	79
	1	STATE REGISTRAR			CERTIF	CATE OF I	DEATH	REG. N	10.		EDT
e ω€		CEASED NAME FIRST OR PRINT)		MIDDLE		AST		20. DATE OF DEATH	MONTH (	DAY YEAR	26 HOUR
oy be looge 3 death	1.05	THERES		=	BOESS!			APRIL 6. AGE (IN YEARS LAST B	24,	1983	611 AM
offer p	3. SE	emale	* RACE White	9		. 19,	1908	74		MONTHS DAYS	HOURS MIN.
81		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER A	MARRIED -	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
tes While		Ireland	Ire		WIDOWE	DIX DI	NORCED [			COUNT	TATE
s ofter of the filed with the filed	10. CI	GLEN BURNIE	(IF NOT IN SU	HOSPITAL, NURSING FACILITY GIVE STREET ARUNDEL	ADDRESS)		TITUTION	TYPE OF WORK FOR MOST HOUSEWIT	FION OF WORKING LIFE <b>E</b>	12b. KIND ( INDUSTRY	OF BUSINESS OR
filled in rould be		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN A.	_	13c. CITY OR TOW Crownsv	1	13d. INSIDE C	NO 🛣	13e. STREET ADDRESS 946 Seva	rden	Court	21032
A 2 sh	100	THER'S NAME	WIDDLE	LAST		717 165	S MAIDEN NA	WE		LA!	S7
omple I ond		Michael	=	Philbi			ary	=		Noon	e
ond c			MED FORCES?	16b SOCIAL SECU		17 INFORMA		ADD			
be ion or rs. Po		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED	1-11-61	220-48-		Geo:	rge A.	Boesser	sar		above
ires that the death cer gned by the attending in please remave carbo burial, cremation, or re ry, or ather traumotic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, CO	R AS A CONSEQUI	ENCE OF		15 L	INAL DISEASE OR CON		EN IN PART 10	0
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on. he low on. t permit tene prii	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		, WERE FINDI YING CAUSES S	
CIAN: 1 9 physic ertificate ol-trons ntol Hyg	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21c. HOW IN	NJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART T OR PART 2)	
G PHYS ottending er this c s the bur ond Me	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	ON	CITY OR T	OWN	COUNTY	STATE
OR ATTENDIN he haspital or the haspital or the DIRECTOR: After oched far use or Dept. of Health If them 21 is monthly the property of the prop		220.1 certify that (I) (this heaper sow the deceased alive on, above, (I) (we close (did not 22b. SIGNATURE	4/2	2/ 198	47-	DEGREE		deoth occurred on the		r and from the	
HOSPITAL ined by the FUNERAL uld be det out the Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		,,(,)	22e ADDRES		45-A FURNA		NCH ROA	
etoined TO FUNI shauld b		HARSHAD R N	4ODY M	n	M. M		EN RUR	NIE MARYLA			
		SURIAL, CREMATION, REMOVAL				EMETERY OR		23d. LOCATION CITY OF TOWN Glen B	urnia	COUNTY A	. Md <sup>STATE</sup>
BP	_	urial UNERAL DIRECTOR	4/27	/03 G.	ren H	aven	Mem. Pk	E REC'D. BY REGISTRA			
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to	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	). ).	3 5 6	s u
		CEASED NAME FIRST		MIDDLE		AST .	to brite or berini	NONTH DAY		HOUR
	(	Jennie		V.		Bolander	4-12-83		9	20 AM
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		Female	Whi		_	rch 14, 1908	15	YRS.		
01	1 00	RTHPLACE ISTATE OR FOREIGN DUNTRY)  Vew Jersey	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	del Co	unty	MD.
100	10 CI	asadena	11. NAME OF	HOSPITAL, NURS	ING HOME ( H ADDRESS) NLVE	OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF TOMEMORE.		126 KIND OF BUINDUSTRY	ISINESS OR
35	139, S	AL RESIDENCE HE NURSING HOA		GIVE RESIDENCE BEFO	ORE AOMISSION	134 INSIDE CITY LIMITS?	13e SINGET ADDRESS	on Dri	ve 2112	22
now A	14. FA	William	MODIE	Fowler	z	15. MOTHER'S MAIDEN NA Katherine			alling	
medicol	16a V	VAS DECEASED EVER IN U.S. YES. (1997) UNKNOWN)   1 # YES	. ARMED FORCES? , GIVE WAR OR OATES)	166. SOCIAL SEC 212-30-7		Mr. Nonman E.	Bodander,		Same as	
event, the		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per USED BY: DIATE CAUSE (a)	HROLIC	PEN	AL FAILURE			BETWEEN ONSE	THS
oumatic		Conditions, if any, which	h ( (b) (	RAS A CONSEO PENERAL	UENCE OF	CARCINOMA	Tosis	10.0	1 YEI	9R
other tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQ ARCINO	UENCE OF	BREAST			2 YER	125
njury, or o	Z O	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART To	
shows ony	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
d or Hem 18 share	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RED   ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
ked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211. LOCATION STREFT	CITY OR TOV	TN .	COUNTY	STATE
of Heolth 21 is mor		220.1 certify that (I) (this saw the deceased aliv obove, (I) (we) (did) (did)			\$3.	nd that in (my) (our) apinion	death accurred on the de	19 ate and hour o	_	t (I) <del>(we)</del> lost ses stated
T. If Item		276. SIGNATURE	10 7.5		7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	27c. DATE SIG	
should be detaction with the State Elimportant: If		22d. PHYSICIAN'S NAME (T			20	174 ADDRESS 134 MOUNTAIN			D. 21122	-
wiw IMF		Burial Burial		730	len Ha	ven Menorial	Pk Glen Bu	nie An	ne Anun	del Md.
A 1/73 4))	Me	uneral diffector Mc (	ully tyng	ral Home	e of P	asadena ABBY	3 1983	REGISTRA	No Participate	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

EST

2h HOUR

1:08

IF UNDER 24 HRS

IF UNDER LYEAR

INDUSTRY

21122

Miller

NO P

COUNTY STATE

22c. DATE SIGNED

#201

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR

STATE

REGISTRAR

Md ully Funeral Homes Mountain & Tick Neck

Burial

Pasadena, Md.

Parkwood (emetery

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12

YEAR

2b. HOUR

IF UNDER 24 HR

Rehbein

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST MIDDLE DECEASED NAME (TYPE OR PRINT)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Boyer

20. DATE OF DEATH MONTH April 5, 1983 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

REG. NO

Michelle Debra 4. RACE 5. DATE OF BIRTH White Female.

76 CITIZEN OF WHAT COUNTRY?

March 29, 1971

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED U.S.A. WIDOWED [

DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Anne Arundel County, MD 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) None

North Arundel Hospital 1 13d. INSIDE CITY LIMITS? NOX

-21061 -13e STREET ADDRESS 8291 Kramer Court 15. MOTHER'S MAIDEN NAME

Maryland 14 FATHER'S NAME

(YES, NO OR UNKNOWN)

Frank

TO BIRTHPLACE I STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Glen Burnie

Marvland

3 SEX

Howard

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

A.A.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY

Bover 166 SOCIAL SECURITY NO

Glen Burnie YES |

219.80.4712 Mr. Frank H. Boyer

Eileen Margaret 17 INFORMANT -father-

Same as #

APPROXIMATE INTERVAL

IMMEDIATE CAUSE (D)\_ Conditions, if any, which gave rise to immediate cause (a), stoting the

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

preumonitis DUE TO OR AS A CONSEQUENCE OF stress alcere

DUE TO, OR AS A CONSEQUENCE OF

respondtory

and oneutal returdation 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOM

Suite C-2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22a.1 certify that (1) (this hospital) attended the deceased from

NOT WHILE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING

21f. LOCATION

22e ADDRESS

arrest

CITY OR TOWN

COUNTY

STATE

sow the deceased olive on March & above, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE

DEGREE

STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 5'April 83

MPORTANT 230. BURIAL, CREMATION, REMOVAL

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

Singleton Funeral Home

8'Apr. 83

Meadowridge Mem.Pk. ADDRESS Maryland

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Elkridge, Howard, MD.

Glen Burnie, 250. Date REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE to know the Carriery

615 Hammonds Lane, Brooklyn Pk. MD.

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you	page	41.1	3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	The state of the s
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ORE	and c	o dico			VE WAR OR DATES)	16b SOCIAL SECUR		17 INFORMANT				
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EST	otten ove rion,	E		Conditions, if any, which	( (b)_							
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y You	by ose of, cr	5		underlying couse last.	(c)		2					
. 20	n ple	, o		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
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DIVISION OF VITAL RECORDS,		1	CERTIFICATION	190. DATE OF OPERATION	196 SONE	TION FOR WHICH C	PERATIO	11	200 AUTOPSY?		WERE FIND	INGS USED S OF DEATH?
A Pe	te has sit per	A Second	THE	4/5/83	da	ha Gereb.	ra1	HEMATEMA	YES NO	YES		NO 🗆
ZI Z		0 11	S. S.	210. ACCIDENT WAS UNDERLYING		OF INJURY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PA	RT I OR PART 2)	
OF OF	ding ph s certifi burial-tr Mental		AL	OR CONTRIBUTING CAUSE OF DE	ALIN .	P.M.	19					
NO NA	bur c		MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OF TO	WN	COUNTY	STATE
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- 0	ar Afti	Ē		220.1 certify that (I) (this hasp	ital) attended	he deceased from	7	19.0-		1	0	, that (I) (we) lost
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A N	DIRECTOR Sched for u Dept. of He	E		22b. SIGNATURE	or) view the boot	y offer deoffi.		DEGREE			22c. DAT	ESIGNED
I OR			130	Hallo KI	1 ola	7 / / /		ATTENDING PHYSICIAN E	MEDICAL STA	FF CIAN (1)	4/	6/8)
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	00		2.50	Burial		9,1983			CITY OR TOWN	112 M	COUNTY	STATE
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DHM	H - 16 50M 4/	82	-	rdesty Funéral	Homo 12	Did moltr A			LK 8 1200	0		
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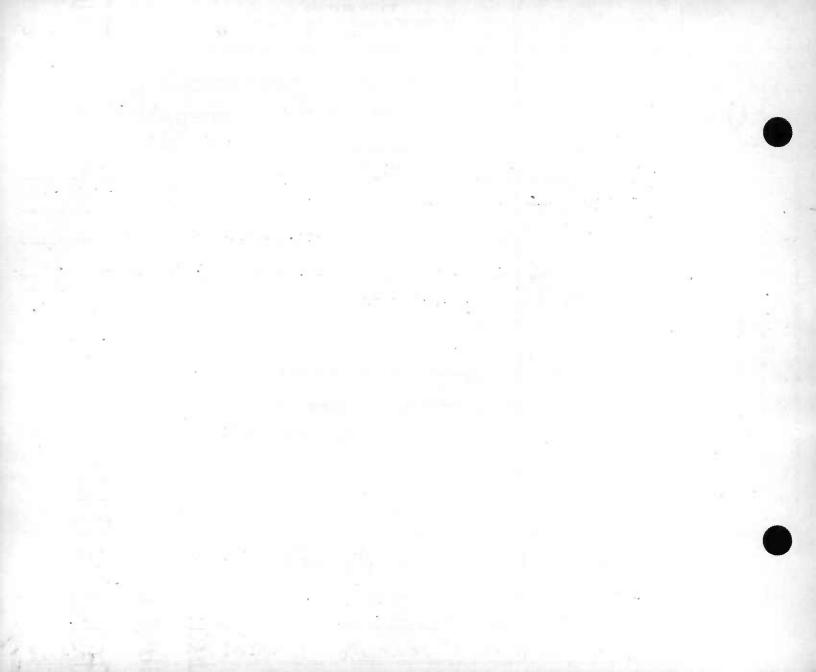
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	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR CERTIFICATE OF DEATH				GIENE 8 3 0 8 8 8 6		
/	DEC	EASED NAME FIRST DA BY	Girl A	Brown		MONTH DAY YEAR 26 HOUR 2 - 3 8 3 8 40 A	
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\$53	A	nnap.	11). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I KNOT IN SUPPLY ONE STREET ADDRESS)  COTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
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the medical	(4)		AR OR DATES)  NA one couse per line for (o), (b), and (c),	Marcher	a 5 8	APPROXIMATE INTERVAL	
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shows ony in	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19				
morkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR TOW	WN COUNTY STATE	
If Nem 21 is m		22e. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) idid) (did not) 22b. SIGNATURE	19	DEGREE  ATTENDING	legth occurred on the do	ote and hour and from the causes stated  22c. DATE SIGNED	
IMPORTANT:		224. PHYSICIAN'S NAME (TYPE ORF	YUDKOFF	PHYSICIAN Z	PHYSIC	CIAN 7//3/03	
	( S	URIAL, CREMATION, REMOVAL	23b. DATE 5-25 -83 Wes;	TVIEW PR		make county Marie	
20M } 7/7B	4. FU	NERAL DIRECTOR	edesty ADDRESS ANN	MO. So DATE	AY <b>31 198</b> 3	25b. RECISTRAR'S SIGNATURE	

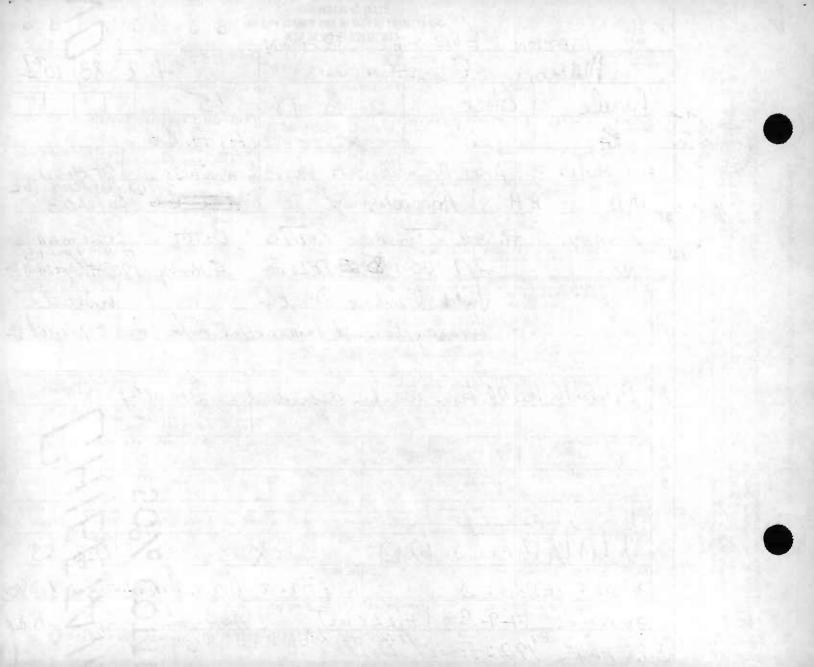


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



1		1	STATE OF MARYLAND
-0		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 8 8
			REGISTRAR MAYION ELIZAWIN CERTIFICATE OF DEATH N REG. NO.
	-		CEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 7
	oge 3	(1	Marion Exization Town 4 6 83 10 Am
	mo)	3. SE	3. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	ge 4	1	rendle black 2 3 18 65 yrs.
	Page		IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	to 100 2		TA WIDOWED DIVORCED A A A CO MD.
	de d	10. ⊂	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS)  120. USUAL OCCUPATION  (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS)  17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS)
0	2	1	Anni Anni Arandel Gen Hosp Genstess St Hosp
212	hour dbe	13a.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 1 136. CIAY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 12 Easterd Ave
AND	22		MD HH. Annapolis YES NO 1
RYL	withir etely 4.2 sh	14 F/	ATHER'S NAME  15. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST
WA	ond ond	1	ISDARL RUSSELL JURNEY LOILIE DETTY COLEMAN
ORE,	and co		NAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AND PILLS
TIMO	S. Pag		NO 211.16-140 2 LeLores G.Kirry 1909-T.Copalant St
BAL	hysicid poper ovol.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) Gold (c).) PART I. DEATH WAS CAUSED BY:
ST.,	g ph on po emo		IMMEDIATE CAUSE (6) Videla Cardiae Death
NO O	th ce corb , or 1		DUE TO, GRAS ACONSEQUENCE OF 16 14 14
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35, 2	signe hen p ha bur ilury,	z	PARTS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
CORE	e . e .	I S	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
Z.	n. nos bermine permine ws on	107	IN CERTIFYING CAUSES OF DEATH?
ITAL	ho site of	CERTIFICATION	YES NO YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OF V	4 to # + 5		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
N	SIC ng ng ng cer	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216, PLACE OF INJURY 211, LOCATION
DIVISION	d d d d	WE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
5	OR ATTENDING e hospitol or off DIRECTOR: After iched for use os it Dept. of Health of Hem 21 is morket		1   1   1   1   1   1   1   1   1   1
	TEN To So of He		saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (3d) (did not) view the bady after death.
	R ATTEN hospitol RECTOR ned for u		1276 S GNA LURE 1 DEGREE 226 DATE SIGNED
	At DI letach inte De T. If It		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [] 4-6-83
	AN Sto		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS
	O HOSP etained to TO FUNE should be with the S		PETER F. VERKOUW   WIG FIXEST Drive, Annabylis, lud, 2400
	of of Standard	230	BURIAL, CREMATION, REMOVAL 1236, DATE 123c, NAME OF CEMETERY OR CREMATORY 123d, LOCATION
	BP		BUDIAL 4-9-83 HILLCREST. ANNAGEL AA Md
	DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR III ANY PONIS PORTERED AND STATE OF THAT SECRETARIES OF THE PORTER OF
ma.	(VRA 15, 4)	0	SNAME HICKS 1922 FORESS Drive
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GLEN BURNIE  GLEN BURNIE  GLEN BURNIE  USUAL RESIDENCE (IR PURSING FORCE OF PURSING FOR PURSING FORCE OF PUR	M				MARRIEI			COUNTRY)		35	A Z hou	eoth. Pag		
THE CAUSE OF DEATH IENTER ONLY A CHEEN BURNE VES NOTHER'S MADE NAME    16. FATHER'S NAME   16. FATHER'S NAME   16. FATHER'S NAME   16. FATHER'S NAME   16. MODILE   16. MODILE	)F BUSINESS OR	NG LIFE) 12b. KIND OF 8U	TYPE OF WORK FOR MOST OF WORKING I		NDEL HOS	(IF NOT IN SUCH FACILITY, GIVE STR NORTH ARUND	URNIE	GLEN BURN	c	4	N	s ofter d		
15. MOTHER'S MANDE   15. MOT	2106	NWZ					E (IF NURSING HOME OR O	AL RESIDENCE (IF N STATE AMLAND	130. S	£55		£11ed III		
DE TO	ĬĬ.	LAST			ST	MIDDLE LAST			14. FA	20	01			
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DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause last.  DUE TO, OR AS A CONSEQUENCE OF  Continue to the property of the	DAYS	APPROXIMATE BETWEEN ONSE		ANOXIA		DBY: CEPE	DEATH WAS CAUSED	18 CAUSE OF DE PART 1. DE ATH		ar ather traumatic	pape navol.	the death certificate by the ottending physiciar remove carbon papers. emotion, ar removol.		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1  190. DATE OF OPERATION  190. DATE OF OPERATIO	EARS	3 y∈	SCLEROSIS	LATERAL		107	ta immediate 1, stating the	gave rise ta cause (a), ste			remove carb emotion, ar r			
190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NOW  YES N	a,	GIVEN IN PART 11a	INAL DISEASE OR CONDITION G	NOT RELATED TO THE TERMI	IG TO DEATH BUT	(c)CONDITIONS CONTRIBUTING T	HER SIGNIFICANT C	PART 2. OTHER S	IFICATION		to build	quires the		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE NOT WHILE ATWORK  ATWORK  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital) attended the deceased fram  27d. I certify that (I) this haspital		F YES, WERE FINDINGS ERTIFYING CAUSES OF YES \( \square\)	IN CERT	N WAS PERFORMED	WHICH OPERATIO	19b. CONDITION FOR WHI	FOPERATION	19a. DATE OF OPE		IFICATIO	IFICATIO	IFICATIO	No Ma	mit.
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GARY A. BELAGA, M.D. GLEN BURNIE, MARYLAND 2106	L						~			APORTA	ith the St	- 0		
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HARDESTY FUNERAL HOME 12 RIDGELY AVE., ANN. MD

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Allegan and the second PARTY S. LACTUS COLL. A. R. L. C. CONTROL . 2 INAC. NAME:

Samuel Philip Burton

DATE OF DEATH:

April 21, 1983

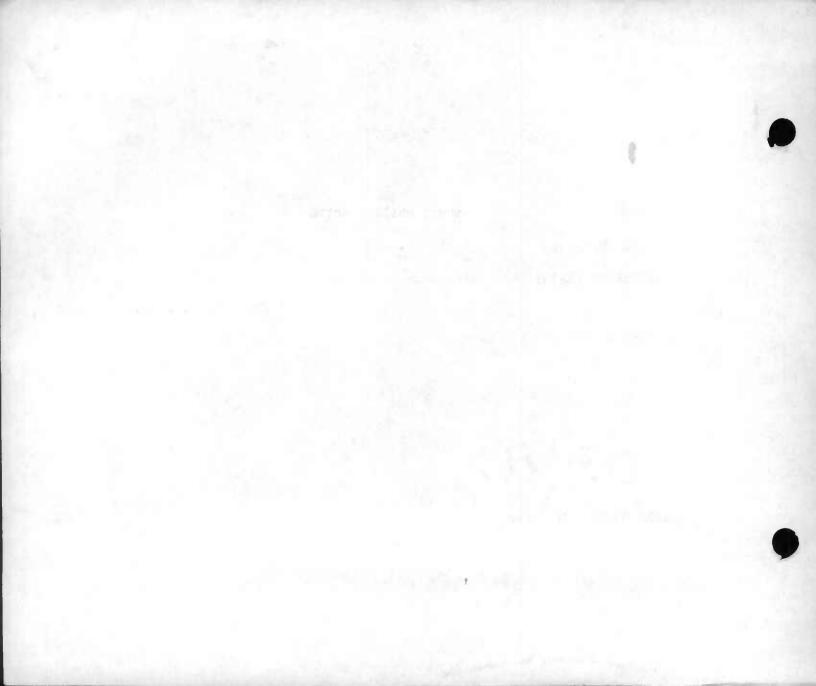
PLACE OF DEATH:

Anne Arundel County

SEE: #83-11366

Missiled in Q.A. Co.

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DIVISION OF

STATE OF MARYLAND

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DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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medical examiner must be notified

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should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

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V	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	S REG. NO.	0 8	3 8	9 Han
		CEASED NAME FIRST DORIS	B.	AIDDLE	CH	AYER		2a. DATE OF C	DEATH MO	Y 7	83	350 PM
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	7	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA 4) OO Conditions, if ony, which gove rise to immediate cause (o), stofting the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OF	Corela RASA PONSEQUE RASA PONSEQUE	ENCE OF	NOT RELATED	Lufe Lufe TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN		ON A PARTY AND THE PARTY AND T
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOF		Ob. IF YES, W N CERTIFYIN YES [	IG CAUSES	NGS USED OF DEATH?
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23c NAME OF CEMETERY OR CREMATORY

CREMATORY

GREENMOUNT

DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the hospital or att TO FUNERAL DIRECTOR: After

6 50M 4/82 WILLTAM REESE & SONS MORTUARY, P.A. 21401

CREMATION

33s BURIAE CREMATION, REMOVAL

236 DATE

4-9-1983

ATORY 23d LOCATION CITY BALTIMORE MA

25d DATE REC'D, BY REGISTRAR 256 REGISTRAR'S FOR

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	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0 8 8 9 5
0		EASED NAME FRST OR PRINT) MARY  Female	A RACE White	S. DATE OF BIRTH MONTH DAY YEAR 3 23 1897	6. AGE (IN YEARS LAST BIRTHDAY)	T 1983 6 PN  IF UNDER I YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
22	,	RTHPLACE (STATE OR FOREIGN OUNTRY)  OHIO  YOR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  2L. S.  11. NAME OF HOSPITAL, NURSIN  (# NOT IN SUCH FACILITY, GIVE STREET	B. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES NATIONAL ADDRESS	9. BALTIMORE CITY OR COL	UNTY OF DEATH  ME  17b. KIND OF BUSINESS OR
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s. Poges I one	6a W	AS DECEASED EVER IN U.S. AR	nk		etzman-Ann	19 Sunset Drive
n signed by the carenary prysis. Then please remove corbonapage to burial, cremation. or remaval. injury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	RMINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  O ANTO:
	0	190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	21b. TIME OF INJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	YES NOTE NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NAME OF PART 2)
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ched for		sow the deceased live on obove. (1) live I did ) did no 22b. SIGNATURE	it) view the body ofter deoth.	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the causes stated  226. DATE SIGNED  407 43
	(	John L. H Durial Ourial NERAL DIRECTOR NAME VAME	Apr.9,1983	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN ATE REC'D, BY REGIS, RANGE IN	Annapolis Mi

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FOR - STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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	REGISTRAR			REG. NO	·
	CEASED NAME PIRST	G.	Cleghonn	April 28	
3. SE)	Female	4 RACE White	5. DATE OF BIRTH NOV. 27, 1888	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS M
8	RTHPLACE ISTATE OR FOREIGN PUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	4	
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Ma	anyland Anne	Arundel Pasaden	A YES NO XX	13. STREET ADDRESS 346 Hunner	Road 21122
	Charles	de Guin	hald Bertha	AME MIDDLE ADDRE	Vollet,
	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)  091-09-	0273 Mrs. Elizabe		oo Dennis Ave. 212
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per loge for (o), (b), or D BY:	0.010.1-10	. ~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	H275 Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF		
ION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEOU		MINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c)	ence of	MINAL DISEASE OR COND    200 AUTOPSY?   YES   NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DHMH - 16 50M 7/77 (VR A 15 (4))

Mountain and lick Neck Rds. Pasadena, 1250.

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è THAN	1.56		4. RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIR	
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AND 21		STATE 136. COUN	VIY 134 CITY OR TOV	VN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	FR RCAD 21401
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		CHARLES \	N. KINZER	M.D. 16 MURRA	IY AVE, ANN	APOLIS MD.
Of Orday M		BURIAL, CREMATION, REMOVAL	236. DAJE, 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	20 1 0 0 0
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	24. F	UNERAL DIRECTOR	7.0070	12 Ridgely And 250. 9		256 FEGISTRAR'S SIGNATURE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND cote be executed within 24 spicion and completely fille opers. Pages, Pand 2 shoold wol. it, the medical examinaring	()	125 WU	y one couse per line fayra, (b),	-3846 Glad	dys Con	noton-	#1	PROXIMATE INTERVAL VEEN ONSET AND PEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B ING PHYSICIAN: The law requires that the death certifica r attending physician. Where this certificate has been signed by the ottending phys as the buriol-transit permit. Then please remove carbonpos th and Mental Hygiene prior to burial, cremation, or remove orked or them 18 shews ony injury, ar ather troumatic event.		PART I. DE ATH WAS CAUSED	DBY E CAUSE (a)  DUE TO, OR AS A CONSEC  (b)  DUE TO, OR AS A CONSEC	USACE OF	wall		1/1	renederal
equires the signed I Then plear to burial injury, ar	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR COND	ITION GIVEN IN PAR	RT Mai
AL RECO	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFOR	Y	ES NO	206. IF YES, WERE FILL IN CERTIFYING CALL YES	USES OF DEATH?
SION OF VITA PHYSICIAN: The ending physicic this certificate to buriol-tronsit and Mentol Hygin dor from 18 specific than 18 specific them.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19		(ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PAR	r 2)
DIVISION ING PHYS To ottendir After this os the bu Ith and My	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		- 3 G	CITY OR TOW	N COUNTY	3
R ATTEND hospital or hospital or hed for use ept of Heal	M	220. I certify that (I) (the trospit saw the deceosed alive on obove, (I) (we) (did) (did not 22b. SIGNATORE	3/14/19	10	(our) opinion death	occurred an the da	te and haur and from	, that (h (we) lost the causes stated
by the State D Stote D NNT: If I		22d. PHYSICIAN'S NAME (TYPE OR	saluar			EDICAL STAF		122/53
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	73n F	R. I. H.	ochman T	NAME OF CEMEJERY OR C	urray!	Aue. A	wasd	es, held
BP	C	remation, REMOVAL	Apr. 24,1983	CedarHill	`,	TO. BY REGISTRAP	A. REGISTRAPES SIN	NATURE STITE
DHMH - 16 50M 7/77 (VR A 15 (4))	1	aylor Funer	al Chapel-A	nnapolis, mi	APR 2	6 1983	shungh h	ances.

PURKET COLLE COMPTER LANGE SENSE STATE More than the state of the stat MD USA Anne Anne Arundel (M) Throughout Brown House Course of Electrician (M) allogon is 100 AP April Maya Kendara Central Ave Allow the second second second Openies I'm Complement Election Cremation for raises and this Suttend PS- Mil 18 28" & STEAL Com Ellegion A-legacio Longo Ste Fort

## STATE OF MARYLAND

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	REG NO					

P	1.	STATE REGISTRAR		CERTIFICATE OF DEATH							0		0	9
		CEASED NAME FIRST	^	MIDDLE		AST		20. DATE OF		MONTH	DAY	YEAR	2b HO	UR
	,,,,,	HENRY	S- 200	P	CON	NOR			C	)4	06	83	2:	10Am
	3. SE		1 RACE		5. DATE C			6. AGE INY	EARS LAST BIR	THDAY)		DER : YEAR	IF UNDE	ER 24 HRS
		M		white	MONTH OP		1897		85	YRS	MONT	HS DAYS	HOURS	MIN.
-	70. BI	RTHPLACE STATE OR FOREIGN 1	L CITIZEN OF	WHAT COUNTRY?	8	- 1		9 BALTIMO	RE CITY O			DEATH		1
1		Wellsville N.Y.	USA		WIDOWE		ORCED	ANA	IE AR	UND	EL		Y.	MD.
A			Anne A	HOSPITAL, NURSING HOME OR OTHER INSTITUTION JCHFACILITY, GIVE STREET ADDRESS)  Arundel General Hosp.			120. USUAL OCCUPATION (1778 OF WORK FOR MOST OF WORKING LIFE) Claims examiner GAO govt.					VESS OR		
5	1	MARYLAND 136 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW SHADYSIZ	N	13d. INSIDE CIT	Y LIMITS?	13e STREET /	ADDRESS JOHI	NSON	JA DR	076	-4	
1	14. FA	ATHER'S NAME FIRST M	NDDLE	LAST		15. MOTHER'S	MAIDEN NAA		MIDDLE			IAS		Y TON
Do	F	Indrew		Connor		Mary	m 31	I	Eîlen			Di.	llon	1
1		VAS DECEASED EVER IN U.S. ARA	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	łT		ADDRE	SS				7.15
	yes		-1919	220-44-55	507	Ann S.	Connor	1228	John	son	Dr.	Shad;	y Si	de, M
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN I	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	TIO												•	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTC	NO[]	IN CER	YES, WE TIFYING YES [7]	RE FINDING CAUSES	OF DEA	ATH?
7		21g. ACCIDENT WAS UNDERLYING 21g. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19								OR PART 2)	140 [			
	MEDI	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21d INJURY  (AT MOME STREET, FACTORY, OFFICE, FARM, ETC.)  AT WORK  AT WORK				211 LOCATION STREET CITY OR TOWN				(	COUNTY STATE			
	->-	220.1 certify that (I) (this haspital) attended the deceased from									(we) lost			
	19	sow the deceased alive an									from the	ouses s	toted	
		Robert M. C	nerfo	2001			TENDING TYSICIAN	MEDICAL DIRECTOR	STAF			22c DATE	SIGNED	)
1		22d. PHYSICIAN'S NAME (TYPEOR	FURPUT	= 100 , +	1, 0	139	OLD	SOLOM	ou's	Is/	Ro	al	ALV	rolis

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN:

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITYORTOWN
Cheltenham Md. COUNTY

STATE

Burial 4/8/83 Md. Veterans C

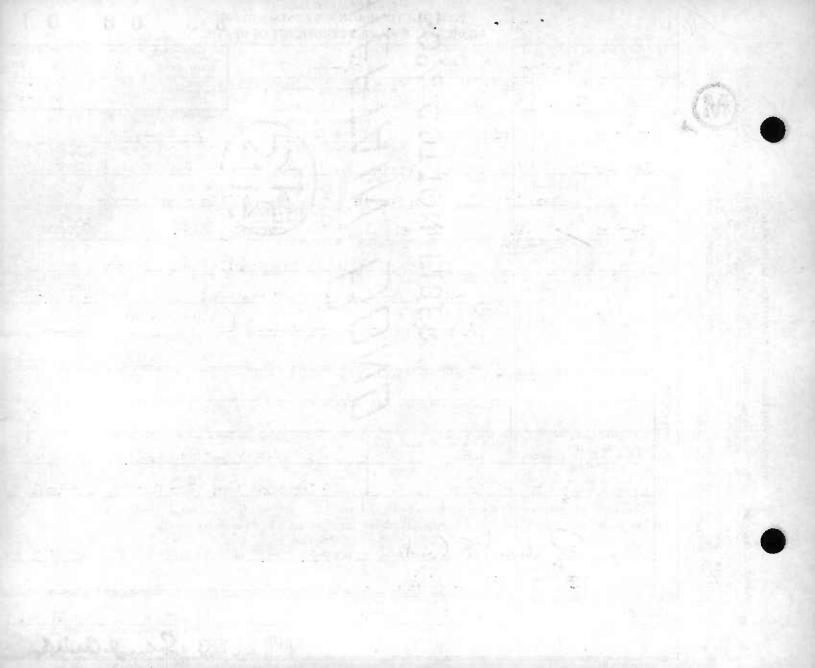
24 FUNERAL DIRECTOR
NAME
Hardesty Funeral Home 12 Ridgely Ave. ann. Md. Md. Veterans Cemetery Cheltenha

plantage of A.A. I have working Fr en 499 (1-452)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN (TYPE OR PRINT) ESTI-Charles DEATH MATED 1983 :45A Cooper 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHD AVI PRONOUNCED Male 9 30 36 46 Cauc DEAD 1983 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY MARRIED | Maryland United States WIDOWED DIVORCED Anne Arunde CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK OR OTHER INSTITUTION 12b. KIND OF BUSINESS Store Manager OR INDUSTRY Retired Glen Burnie 409 Longwood Avenue 13a STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 409 Longwood Avenue Mary and Anne Arundel Glen Burnie NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME McGovern Margaret Charles Cooper 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS IYES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST 213-32-9503 William Bonelli 409 Longwood Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Suicide Gunshot wound of the head / IMMEDIATE CAUSE (a)\_ min DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Alcoholism and depression Years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last ORWARDED TO THE CHIEF MEDICAL EXA OR: PAGE 3 SHOULD BE USED AS A BURNAL HE STATE DEPARTMENT OF HEALTH AND MI ND, 21201 PRIOR TO BURNAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NO [ 71a FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Deceased shot himself in head 21e PLACE OF INJURY 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Home 409 Longwood Ave. Glen Burnie, Maryland AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my apinian Suicide X Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Sub Den SIGNATURE MEDICAL EXAMINER Cook, M.D. St. Annap., Md. chard E 23c. NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 28 Apr.83 Holy Cross Cemetery Baltimore, Anne Arundel, Md. BP 24 FUNERAL DIRECTOR DHMH - 17 "James S. Kirkley, Glen Burnie, Md. (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND



(VRA 15, 4)

( antispecial series 4-14 - 121 PARILLE and the state of t Could seem of Lance March 1958 & See C. Calife

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

may be

	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL COTE OF DEATH	L HYGIEN	E & 3	3	8 9	0 3
		OR PRINT)	ory	E.	OSSON		MONTH	DAY YEAR 26 25 1983	HOUR 10 <sup>15</sup> D M		
17	I SEX Female			Caucasion		il Z 180	75	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS			UNDER 24 HRS OURS MIN
)		RTHPLACE (STATE OR FORE COUNTRY)  Wash., D.C.  ITY OR TOWN OF DEATH	U.	S.A.	MARRIE	D NEVER MARRIED  DIVORCED  OR OTHER INSTITUTION		anne anne	arur	ndel	MD.
3	(	annapolis	(IF NOT IN	SUCH FACILITY, GIVES	Undel (	Genera I		Homemak	F WORKING	LIFE) INDUSTRY	USINESS OR
5		AL RESIDENCE (IF NURSING STATE 136  Md.  ATHER'S NAME	runde1	13c. CITY OR		13d. INSIDE CITY LIMI' YES NO 15 MOTHER'S MAIDE		STREET ADDRESS 2634 - Q	uiei	(21401) t Water	Cove
2/		George	MIDDLE E.	Phi	llips	Dora		WIDDLE		Schmid	t
1		VAS DECEASED EVER IN ( (ES, NO OR UNKNOWN) (III	J.S. ARMED FORCES FYES, GIVE WAR OR DATES		SECURITY NO. 56-0556	Dorothy	7 Joi	nes (Dtr	1	Same above	as
		18 CAUSE OF DEATH IE PART I. DEATH WAS IM/	inter only one couse ( CAUSED BY: MEDIATE CAUSE (o)	< .	ficemi					BETWEEN ONSI 3 Lay	E INTERVAL ET AND DEATH
		Conditions, if any, what gove rise to immediate	hich ( (b)	OR AS A CONSI	EQUENCE OF	act infea	ction			3 inen	ths
		cause (01, stating underlying cause I	the ost. DUE TO,	OR AS A CONSI						pri Tale	
	TION	FNANITIM	ofold	0-92,0	lehydra	tion elactr	relyte	in balas	112.		
2	CERTIFICATION	190. DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT		DEATH?
7	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY O	CCURRED	( ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE OF WHILE AT WORK	(AT HOME.	CE OF INJURY STREET, FACTORY, OF		211 EOCATION STREET		CITY OR TO	VN	COUNTY	STATE
		220.1 certify that (I) (*brosow the deceased a above, (I) (*we) (did)	live on HPri	25		nd that in (my) (auc) op	inion deat	to Ppril 2	te and ha		t (I) (===) lost ses stated
		Charles	W. Kin	12er			NG N AN D	MEDICAL STAF	F IAN []	April 2	26,1983
1		CHARLE	TYPE OR PRINT)	VZER M	1.P	16 MURRI	74 A1	VE ANNA	3 PCL	15, MD.	
X	(	SURIAL, CREMATION, REA SPECIFY) Burial	4-28			incoln Ce		23d LOCATION CITY OF TOWN Brentwo	od	Pr. Geo.	Md.
	24 FL	UNERALDIRECTOR NAME (alley's F			inier,	250		C'D. BY REGISTRAR	_	STRAR'S SIC CATURE	uf.

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MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medicol axomina

DHMH - 16 50M 4/B2

(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	NO.		
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST		2a. DATE OF DEATH		DAY YEAR	26 HOUR
			Barba	ra	G.		uddy		April 17,	1983		201 M
	3. SE	x Female		4. RACE		5. DATE C			6. AGE (IN YEARS LAST !		MONTHS DAYS	HOURS MIN.
b				Whi		Aug.	21,7891		91	YRS.		
2		Pinginia		US	WHAT COUNTRY?	WIDOWE		CED D	9. BALTIMORE CITY A.A.C	4.4	ryland	MD.
7	GL	en Burnie		North	h FACHITY, GIVE STREET	HOSP	or other institut	ION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURS STATE ryland	136 COUNTY		GIVE RESIDENCE BEFORE	٧.	13d. INSIDE CITY LI	A A .	303 Shipl	ey Ave	.Glen B	or Burnie, Md
2	14 FA	ATHER'S NAME Peten		MIDDLE	McAleavey	!	15. MOTHER'S MA	theri	ne		Water	
1		WAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	220-48-09		Mary Ker	nn, Si	ame as abo	ress		
2	CERTIFICATION	Conditions, if ony, gove rise to imrease (a), stating underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA	nediote g the last.	(c)		EATH BUT	NOT RELATED TO T		FALL NAL DISEASE OR CO  200 AUTOPSY?  YES NOW	20b. IF YES	S, WERE FINDIN	IGS USED
		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DE	(11)	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN			
	MEDICAL	21d. INJURY OCCURI	ILE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	0.5	CITY OR	own	COUNTY	STATE
		22a. I certify that (I) sow the decease above, (I) (we) (2 22b. SIGNATURE	ed alive and (died no	View the body	198		DEGREE ATTEN	IDING	eath occurred on the	AFF ICIAN [		SIGNED 8/F3
		BURIAL, CREMATION,				_	EMETERY OR CREM	ATORY	23d. LOCATION	-/ -	CQUNTY	STATE
		UNERAL DIRECTOR Cully Fune		April 2 Home, 130			21230	emt. 250. DATE API	Baltimor		Maryla RAR'S SIGNA	and PRE Chieff

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	art of a law state.	was willing to	W	100	
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eenst 1	SI Postfi				

3	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 3	0 8	906
may be peope 3 ter death		CEASED NAME PRINT	cent 1. RACE	S. DATE C	Anna Phna DE BIRTH	20. DATE OF DEATH MO	-24-8 AY) IF UNDER	YEAR 26 HOUR 3 4 MM
MI on	7a. B	Male BTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT	te 4-	05-98 X	9. BALTIMORE CITY OR C	YRS.	
	/0.E	TO WE DEATH	USA NAME OF HOSPIT	MARRIE WIDOWI		120 USUAL OCCUPATION		KIND OF BUSINESS OR
Total of the state	<u>U</u>	AL RESIDENCE DE NURSING HOME OR O	LINNE LU		reach tesp	Retired	1//	staurent
Z TAND	N	AL RESIDENCE IN NURSING HOME OR OF THE TOTAL THE		cofton	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA		mbur	ne Ave
MARY and		Pietro	AIDDLE	tAST	FIRST	Lokowo		LAST
TIMORE on and c. Pages e medica	1êa V	VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	ocial security NO. 1-05-1349	Antoinet	te E. Dan	na - =	me as #13
ST, BAL strikente on poper emovoli event, th	10	18 CAUSE OF DEATH (Enter only PART ). DEATH WAS CAUSED IMMEDIATE		ndio Es	of ahren	-	DE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ESTON: death ce death ce ser carbon hon, or 1		SSOO Canditions, if any, which		CONSEQUENCE OF	PATLURE		0	2 wks.
by the come of the re-	6	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF				
RDS, 20 Equires 1 Then plot 16 burs repury, o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	- 7.1	NOT RELATED TO THE TERM	100 0 00	ION GIVEN IN P.	ART Ira
DIVISION OF VITAL RECORDS ING PHYSICIAN: The free require of the rhis certificote has been on the buriol-fromite permit. The life and Mental Hygiette prioritist orked or frem 18 shows ony infant orked or frem 18 shows ony infant.	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION F	FOR WHICH OPERATIO	N WAS PERFORMED	YES NO NO	Ob. IF YES, WERE N CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
PHYSICIAN: The reduing physic this certificate be buriel-from it did Mentol High did not frem 18 to do or frem 18 to do or frem 18 to do		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR P	ART 2)
DIVISION DING PHYS or offenthis or e as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	ZII. LOCATION STREET	CITY OR TOWN	COU	INTY STATE
DO SOE		220.1 certify that (1) (this haspite saw the deceased alive on above (1) (we) (did) (did not			nd that in (my) (aur) opinion	death accurred on the date		mor the contest
0 - 0 + 0 #		Barry R	lattinus		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAL		Hasigned
D HOSPITAL Trained by the O FLINERALI Training be detected The Store In the Store I		BARRY R.	NATHAI	USON MI	121 CATI	HEDRAZ ST	· Aux	AP MO
BP	230.	BURIAL, CREMATION, REMOVAL DECIFY)	1236. DATE BOY 2119	0-10-	dowridge	23d. JOCATION CITY OF TOWN	How	and my
DHMH - 16 50M 4/82 (VRA 15, 4)	74.5	INERAL DIRECTOR GAME	ral Chap	et-Annag	250 DA	PR 2 8 1983	LEGISTRAR'S S	IGNOTURE .

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Kerr 24 HRS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) town opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN 195ADENO, ND 21/22 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) STATE Cremation 4'Apr Security Proc Tnc Catonsville ADDRESS Glen Burnie Singleton Funeral

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2n DATE OF DEATH

IF LINDER 24 MRS

126 KIND OF BUSINESS OR

Own. Home

INDUSTRY

LAST

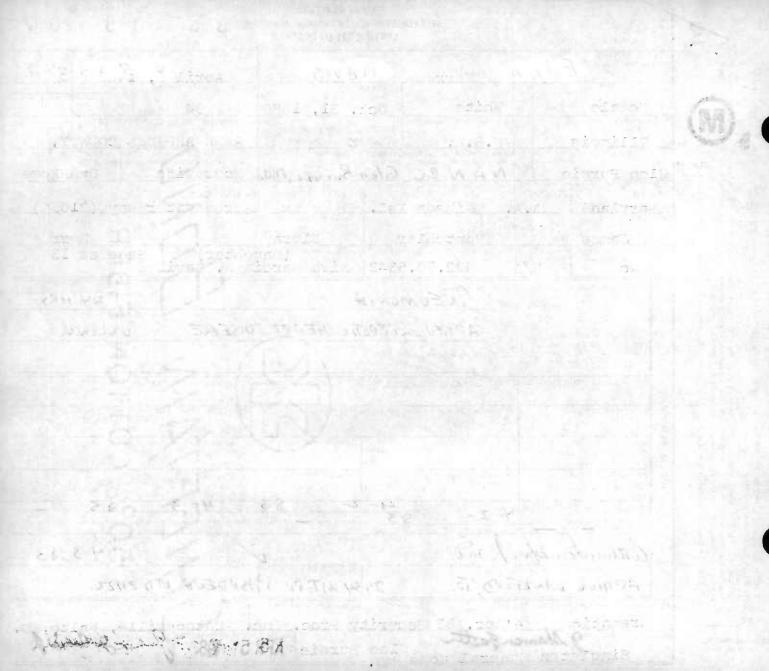
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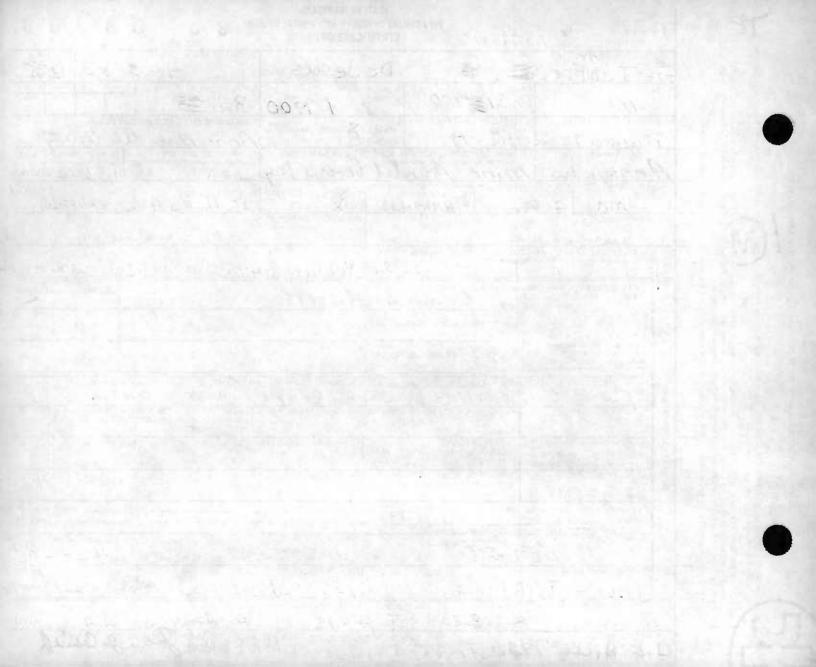
(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR



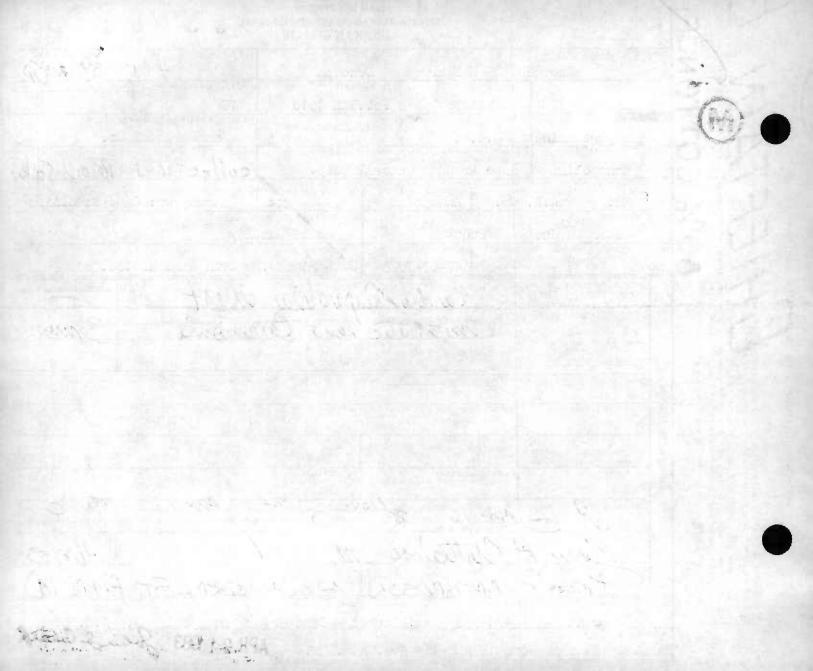
رعا	1				OF MARYLAND			
IP	- S	STATE REGISTRAR ZIP	2140/		CATE OF DEATH	REG. NO	089	0 8
noy be page 3	1. DECE	ASED NAME OF FIRST	MIDOLE	De	Jesus		MONTH DAY YEAR - 1 - 3 - 8 3	26. HOUR 0
4 may	3. SEX	m	Phill PINO	S S. DATE O	F BIRTH 1968	6. AGE (IN YEARS LAST BIR 82 37	MONTHS DAYS	IF UN DER 24 HRS HOURS MIN.
O 1 10 10 10 10 10 10 10 10 10 10 10 10 1		HPLACE (STATE OR FOREIGN INTRY)  OF LL IPENJE TSLAME	76. CITIZEN OF WHAT COUR	MARRIED WIDOWEI	NEVER MARRIED	10 .0	RCOUNTY OF DEATH	enty MD.
To the chart	A	nnapolis	11. NAME OF HOSPITAL, N US NOT IN SUCH FACILITY, GIVI		Cereral Hosp	120. USUAL OCCUPATION OF OF WORK FOR MOST O	WORKING LIFE) INDUSTRY	F BUSINESS OR
AND 215	130 STA	md A	JNTY 13c CITY OF	E BEFORE ADMISSION) R TOWN ADCLIS	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	AVE BAN	21401
Q (2)	14. FATH	IER'S NAME FIRST  WW. K. N. C. U.	MIDDLE LA	si	15. MOTHER'S MAIDEN NA	ME MIDDLE	n R Now M	
A Company		S DECEASED EVER IN U.S. AR NO OR UNKNOWN)   I IF YES, GI	RMED FORCES? 166 SOCIAL STATES) 555-	12-38B	Nellie C	Alherine	Delesus 2	5 Hick AUR
15, 201 W. PRESTON ST., BAI uires that the death certificate given by the ottending physic place remove carbon paper throat cremation, or removal, ury, or other traumatic event, the	P	Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF				
In RECORD  In less than the low requirement of the less than the less th	CERTIFICATION	DATE OF OPERATION	19b. CONDITION FOR W	1,000	S, Renal	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF YES	GS USED OF DEATH?
DING PHYSICIAN: The or after this certificate as the buriot from oith and Mental Hystomarked or them 18.	WEDICAL 0	ID. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE.  OF ETHER, NOTIFY MEDICAL EXAMINE  OF THE CONTRIBUTION  OF THE CONTRIBUTION	HOUR A.M. MONTH	19	211. HOW INJURY OCCURI 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
ITAL OR ATTENDI by the hospital or ERAL DIRECTOR, a detached for use state Dept. of Heal	21	saw the deceased olive or above, (1) (xfertard) (d n	pital) attended the deceased in a street with the body after seath.	_19 <u>_83</u> one	d that in (my) (our) opinion  EGREE  ATTENDING PHYSICIAN  228. ADDRESS	, 10	ite and hour and from the c	
TO HOSPITA retained by TO FUNERA should be de with the Stall IMPORTANT	120 000	IACOL Te		Las-Naur or cr	139 Old.	Solomons	Island Rd	-ANNA
BP	B	RIAL, CREMATION, REMOVAL	1 236. DATE 8-83	ST F	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	LAS A, A.	STATE
DHMH - 16 50M 4/B2	Z4. FUNI	ERAL DIRECTOR	1077 In ADD	DRESS HANN F	POLIS 250. PAP	R 1 1 1983	THE HATRARY SIGNATI	rel



	X				STAT	E OF MARYLAND				
/	1	FOR - STATE		DEPARTI	MENT OF H	EALTH AND MENTAL HYG	IENE 🙊 🔏	n	8 9	0 9
10		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		0 ,	0 ,
10		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(146	Eugen	e I	Walter	D	onovan	Marie Control	4 17	83	3:450.
10	3 SE		4. RACE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
1	1	male	whi	te	Feb	.8th 1910 YEAR	73	YRS	NIHS DAYS	HOURS MIN.
11	To B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D XXEVER MARRIED	9 BALTIMORE CITY		FDEATH	100
19/	1	Jonesport Maine	U.S	. A .	WIDOWE		Anne Ar	undel (	Co.	MD.
37		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ON	12h KIND O	OF BUSINESS OR
19.	1	Annapolis		CH FACILITY, GIVE STREET Arundel G		l Hosp.	CO ECT	NORKING (IFE)	170 A	O Caho
27	usu	AL RESIDENCE (IF NURSING HOME O STATE 135 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)				ruom	1/401
E/ -	100		. Co.	Annapol		13d. INSIDE CITY LIMITS? YES NO XX	Gateway	Dr. Car	e St	Claire
130	14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	AE	J. C. Car		
6		Walter Eugene	WIDDLE	onovan		Sadie Hunt	t.lev MIDDLE		LAS	ī
0	16a \	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	SS		
ned	n		VE WAR OR DATES)	147-07-7	975	Catherine G.I	Onovan sam	e as 17	Re.	
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ent,		PART I DEATH WAS CAUSE	D BY	Cardi	0	Mintohu	DINOAH	- 1	HIWEDIA	SHIET AND DEATH
c ev		1105 9 WMEDIA	IE CAUSE (II)	Caraca	) - KL	apina way	avert			
mat		100	DUE TO, O	R AS A CONSEQUE	ENGLOS	Town Chi	1		2	MILL
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ther		couse (a), stating the underlying cause lost.	DUE TO O	R AS A CONSEQUE	ENCE OF	/)				
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lory	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	9
2 /	CERTIFICATION	19a DATE OF OPERATION	TION CONTO	ITION FOR WHICH	ODEDATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	VEDE EINIDIN	100 11050
300	FIG	THE DATE OF CHERATION	178 COND	INDIATOR WINCH	OFERATIO	N WAS PERFORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
short -	E	210 ACCIDENT WAS UNDERLYING	21b. TIME C	NE INTERPO		121. HOW IN HIPV OCCUPE	YES NO	YES [		но 🗌
8 0		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	CD (ENTER NATURE OF INJU	LY IN ITEM 18 PART	OR PART 2)	
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o pa	MED	21d. INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
arke		AT WORK					Ann			
. S		220 I certify that () (this hasp				19 00	to HPIK	. 19.	85	that (R)(we) last
n 21		sow the deceased alive of obove (I) (we) (did) (did no	view the body	after death	0 3 , 01	nd that in (my) (our) opinion d	death accurred on the di	ate and hour or	nd from the	couses stated
Her		22b. SIGNATURE	A 11	1/		DEGREE	/ WEDICH CTA		22c. DATE	SIGNED
5		Jarry,	R. M	a wais	00	ATTENDING PHYSICIAN	MEDICAL STAI		4/1	18/83
MPORTANT: If Hem		22d, PHYSTCIAN'S NAME (TYRE	PRINT)		-11-3	22e. ADDRESS		7 == 1	Λ .	~ ~ ~
og /		TARRY	C. NA	THAN=	MO	121 (ATT	HEDRAL	ST. 1	HNNA	P (M)
2	23a	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7		
		Entombment	4/19/	/83 Hi	llcre	st Cemetery	Annapol		A.A.	CO
/81		UNERAL DIRECTOR				250. DATE	REC'D BY RECUSTRAR		R'S SIGOAT	Calvell
	Har	rdesty Funeral	Home 12	Ridgely	Ave.	Ann. Md. A	LK 5 1 1803	Jour	mo	7

DHMH - 16 50M 1/81 (VRA 15, 4)

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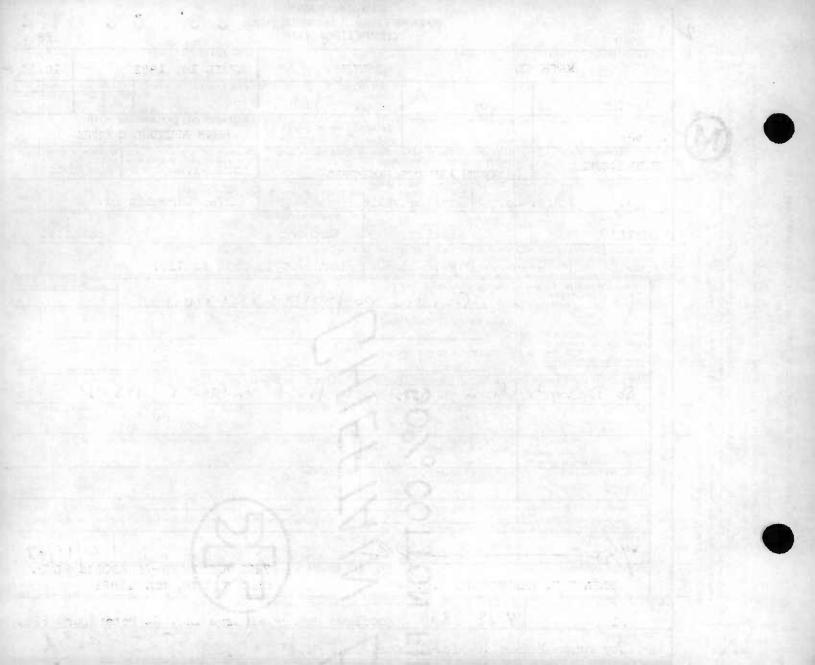


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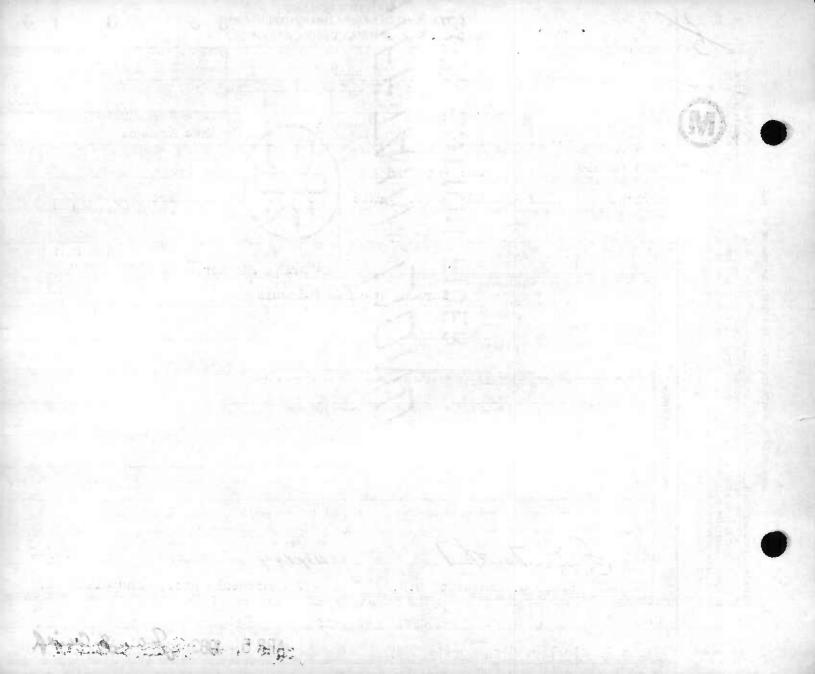
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN (TYPE OR PRINT) ALBERT EDWARD DOWLING UES. URS HEET, P DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR White PRONOUNCED 9:20 P M DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel WIDOWED DIVORCED M. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
North Arundel Hospital Pasadena Maintenance Mech. Floor system USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 118 Coralwood Drive 13d. INSIDE CITY LIMITS? 21122 ARUNDEL 4. FATHER'S NAME MIDDLE Flossie Ports ADDRESS yes no or unknown to 1966 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Hypertensive Cardiovascular Disease Sudden gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? PRIOR TO BURIAL, 20 AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211, LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held an Undetermined monner TITLE (SPECIFY 4/8/83 SIGNATURI EXAMINER'S NAME Elmer G. Linhardt, M.D. Chesapeake Ave., Annapolis, Md.2140 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION rounsville Vet. 24 FUNERAL DIRECTOR Pasadena, **DHMH - 17** (VR A15 ME (5) 15M 2/80

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(VRA 15, 4)



8	1 -	STATE REGISTRAR	• >				CERTIFICATE C		H REG.	U O	7 1	3
20		CEASED NAME	FIRST		MIDDLE	775	LAST	20	DATE KNOWN	MONTH	DAY YEAR	26. HOUR
OR. OR. URS. EET,		W	ILLIAM		S.		APER		DEATH MATED	X 4/4,	17	A M
\$82.98	1 SEX	4 R	ACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN	DAY) MON	NDER 1 YR. IF UNDER		DATE RONOUNCED	MONTH	DAY YEAR	2d HAMR 8:30 <sub>M</sub>
	7. DI	M RTHPLACE (STATE C	W	11/27/5 76. CITIZEN OF WH	4 28				BALTIMORE CITY	4/4/		B:30 <sub>M</sub>
	FO	REIGN COUNTRY)					RIED NEVER MARR	IED LX	Anne Aru	_	T OF DEATH	
	10. CI	Baltimore	EATH		SA PITAL, NURSING HOA	WIDOV			LOCCUPATION (		12b. KIND OF BI	JSINESS
200	~ G:	len Burni	e		hart Road	)		FOR MO	ST OF WORKING LIFE)		OR INDUST	RY
ECORDS	USUA 13a. S		NURSING HOME OF	OTHER INSTITUTION GIV	E RESIDENCE SEFORE ADMIS		hat mean circlinates		employed			
(C)		ryland	Anne	Arundel	Glen Bu	rnie	YES X NO [	600	Aquahart	Road	21061	
20	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	
1		William		E.	Draper		Doris				100	
		AS DECEASED EVI S, NO, OR UNKNOWN)	(IF YES, GIVE W		16b. SOCIAL SECUR	ITY NO.	17. INFORMANT				Burnie	2 515
		No					Deborah F	.Drap	er,7612 M	larcy [		
		18. CAUSE OF DE PART I DEATH	ATH (Enter only WAS CAUSED	y one couse per line l BY:	far (o), (b), and (c).)	noxi	de Poisonin	ησ			APPROXIMAT BETWEEN ONSE	
GIEN		900	IMMEDIATE	E CAUSE (o)	AS A CONSEQUENCE		de l'orsonir	15		_		
3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if		DOCTO, OK	13 A CONSEQUENCE	. 01						
OR R	_	gove rise to couse (o) stati	ng the under-	DUE TO, OR	AS A CONSEQUENCE	OF		1.0				
N.X.		lying couse lo	st.	(e)								
¥ I		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL OISEAS	SE OR CONDITION GIVEN IN PA	IRT 1 (a).	-			
CREA	NO											
7	CERTIFICATION	190. DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH OP	RATION V	WAS PERFORMED?				20 AUTOPSY	2.5
4	RTIF	21a, EXTERNAL CA	TICE VA/A C	21b. TIME OF	INTERIOR STATE	lai d					YES 🗌	NOV
20	AL CE	UNDERLYING [	OR	HOUR A.M.	MONTH DAY YE	AR ZICH	IOW INJURY OCCURRE	ED (ENTER NA	TURE OF INJURY IN ITEM	IS PART 1 OR PAI	R1 2)	
7,21201	MEDICAL	CONTRIBUTING	IRRED		FINJURY (ATHOME,	21f. LC	DCATION					
	ME	WHILE AT WORK AT	T WHILE		DRY, FARM, ETC.)		STREET		CITY OR TOWN	col	YTAL	STATE
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AND, 21201 PRIG		deoth resulted fro			ribed obove, held on Accident	Autor			Inquiry LX	ond in my op	HINION	
AK T		deoin resuited tri	Noture	ar couses,	Accident [_], S	wicide LA	J, Homicide	Undeferi	mined monner [	٠,		
₹ _		ACTUAL SIGNATURE	14	Lautt		A	A.D. 1120/44	MEDIC	AL EXAMINER	DATE	4/4/	83
No.	L -	6	5	7			11/					
BALTIMORE, MARYLAND, 2120	Column .	(TYPE OR PRINT)	Elmer	G. Linhai			ADDRESS 3 Ches			Annapo	lis, Md	•
8	(5	JRIAL, CREMATION	, REMOVAL 23	b. DATE	23c. NAME OF C			23d. LOC CITY OR		COUN		TATE
		remation		5 Apr.83	Security	Proc	Cess	Cato	nsville.	Baltir	nore. Mo	
)		NAME	/inklaw	Clan Du	onio Md		APE	REC'D. BY R	983	and	Course	A.
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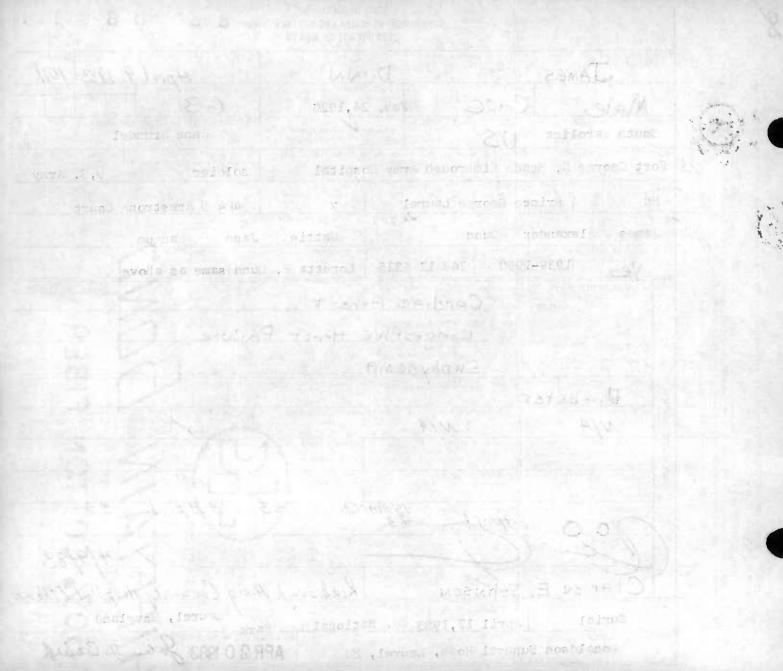
DHMH - 16 50M 1/81

(VRA 15. 4)

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b. HOUR IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY U.S. Army 404 D Armstrong Court LAST Mangum Loretta P. Dunn same as above APPROXIMATE INTERVAL UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian deoth accurred an the date and haur and from the causes stated 27¢ DATE SIGNED Laurel, Maryland Burial Md. National Mem Pa 24 FUNERAL DIRECTOR NAME Donaldson Buneral Home, Laurel, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



//		FOR Item 19b f	ilm 580		E OF MARYLAND	0 2 /	0 0 1 5
8	1 -	STATE 6-16-83 C	en DEPARI		FICATE OF DEATH	REG. NO.	
to the	I. DE		athleen MIDDLE Keller		Dwyer	20. DATE OF DEATH MONTH	S.83 9 aug
115	3. SE	Female	4. RACE Caucasian	5. DATE OF MONT		6. AGE (IN YEARS LAST BIRTHDAY)  76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DED DIVORCED	CANO CONTO	Y OF DEATH
	1	LULO DIS /	NAME OF HOSPITAL, NURSI	NG HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Home
133	100	- 1	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  13t. CITY OR TON  Arundel Crofton	RE LOMELIONI VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1469 Jordan Av	e. 2/1/3
100	14. FA	THER'S NAME William	MIDDLE Kelle	er	15. MOTHER'S MAIDEN NA	AME	Conniff
medico		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SEC IVE WAR OR DATES) Unknow		Marianna Phi	ADDRESS L <b>llips (daughter)</b>	Same as 13
meval meval		PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), o ED BY:	nd (c).)	Curvay &	Toilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fion, or n dumatic		5335 Canditians, if any, which	DUE TO, OR AS A CONSEDU	IENGE OF	Dol'c	uleen!	
I, creme		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS PCONSEOU	ENCE OF	a Blee	el salli	Qú
nto burro injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GI	VEN IN PART TO
À ou	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH Perforated	·		INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
ked o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mai		220.1 certify that (I) (this hosp saw the deceosed alive a	of the body offer death.	677	nd that in (my) (our) apinian	, to, death accurred on the dote and ha	19 that (I) (we) lost ur and from the causes stated
ote Dept. T: If Hem		THE SIGNATURE	1 Dalod	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	221. DATE SIGNED
MPORTAN	Ě	22d PHYSICIAN'S NAME (TYPE Stephen Hi	ORPRINT)		Forbes St.	, Annapolis, Mary	land
2		SURIAL, CREMATION, REMOVA (SPECIFY) 11141	23b. DATE 23c. Apr. 19, 1983		cemetery or crematory	23d LOCATION netery, Waterbury	, Conn.
0M 4/82 , 4)	24 F	UNERAL DIRECTOR NAME Capitol Fune	eral Service, Fa	lls Ch	Λ	PR 2 0 1983	TRAR'S SIGNATURE

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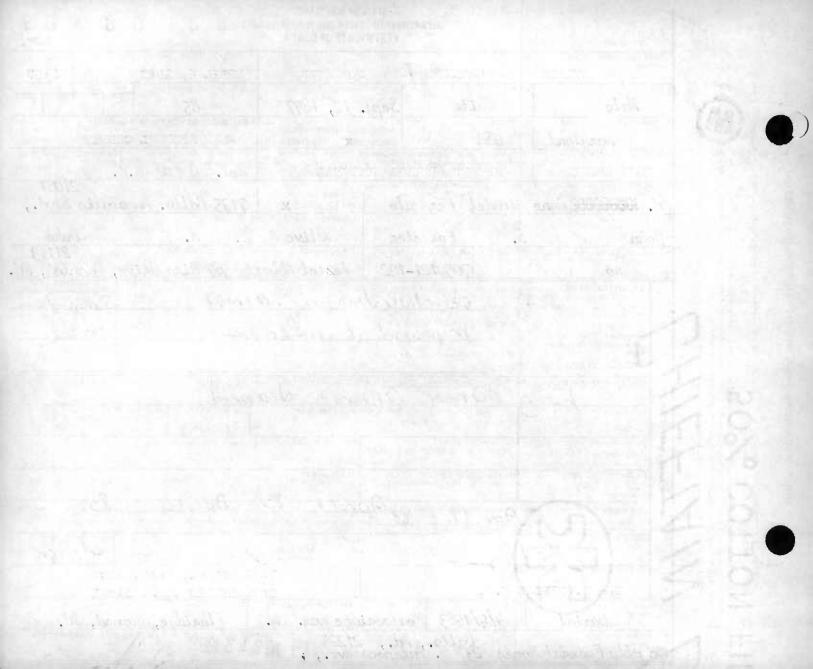
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3	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE MARCARET	2. GORMOSO O
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 3	(ITP	MARGA	RET G	FORMOSO	APRIL 28	3. 1983   644 AM
ê ENA	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4		FEMALE	WHITE	JULY 22. 1895	87 YRS.	MONTHS DAYS HOURS MIN.
Po Po	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
nero in 72		IRELAND	U.S.A	WIDOWED DIVORCED	ANNE ARUNDE	EL COUNTY MD.
he for difficed to	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
107 to 109 94		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	HOMEMAKER	LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exgininer must bege	13a.	AL RESIDENCE I IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		130. STREET ADDRESS 801 N.E. 334	2 57 9999
rely 2 sh		ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
MAR mplet ond		THUMAS	MIDDLE EGAN	BRIDGE	MIDDLE	JOUCE
Secure Secure		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	, , ,
BALTIMORE LELLANDER Cote be execut spers. Pages 1 vol. 11, the predicab		Ni	061-12-2	2548 MARGUERITE I	I. TROMBA, 10100	VIRED ST. ASELPHI
RECORDS, 201 W. PRESTON ST., B  M. L. L. C. Control L.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	-, D. N/.	winal disease or condition G	IVEN IN PART 110
All Committee	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The I Cion.	E				YES NOCY	YES NO
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Singleton Funeral Home, Glen Burnie, MD

STATE

. DECEASED NAME

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2h HOUR

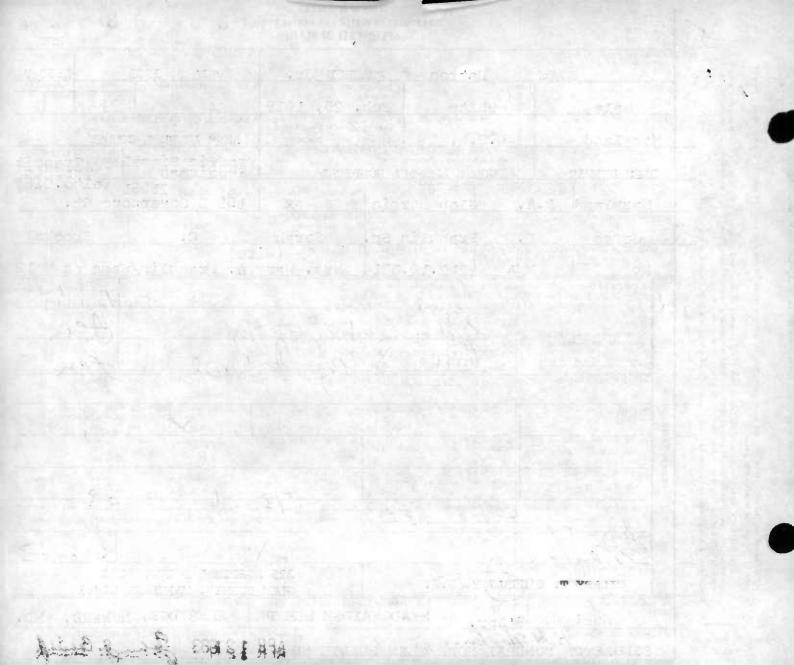
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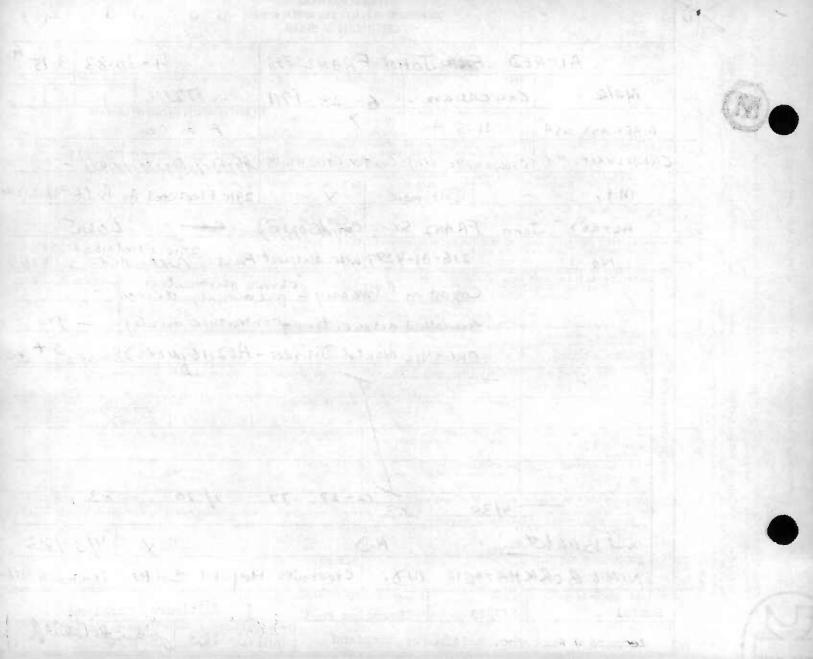
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	g physics conpaper remavol.		PART I, DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c), ) D BY:	BETWEEN ONSET AND DEATH
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	TI pin District	1	sow the deceased alive on	, and that in (my) (our) opinion death occurred on the date and hour a	nd from the couses stated
	OR A birectory bept.	1	TH SIGNATURE	1 1/ 1/1/19	22c. DATE SIGNED
T.	1 - 1 - 0	1	11/11	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	19/15/83
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(VRA 15, 4)





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OR ATTENION OR ATTENION OR ATTENION OR ATTENION OR ATTENION OR ATTENION OF A		saw the deceased alive an	X = 30		d that in (my (aur) opinian o	leath accurred on the do	te and hour and from the	that (I) (we) last
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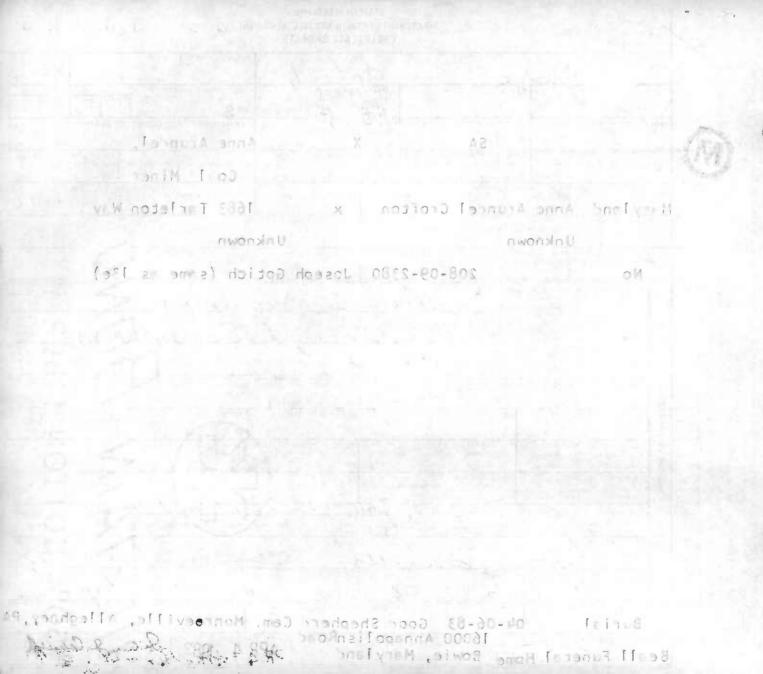
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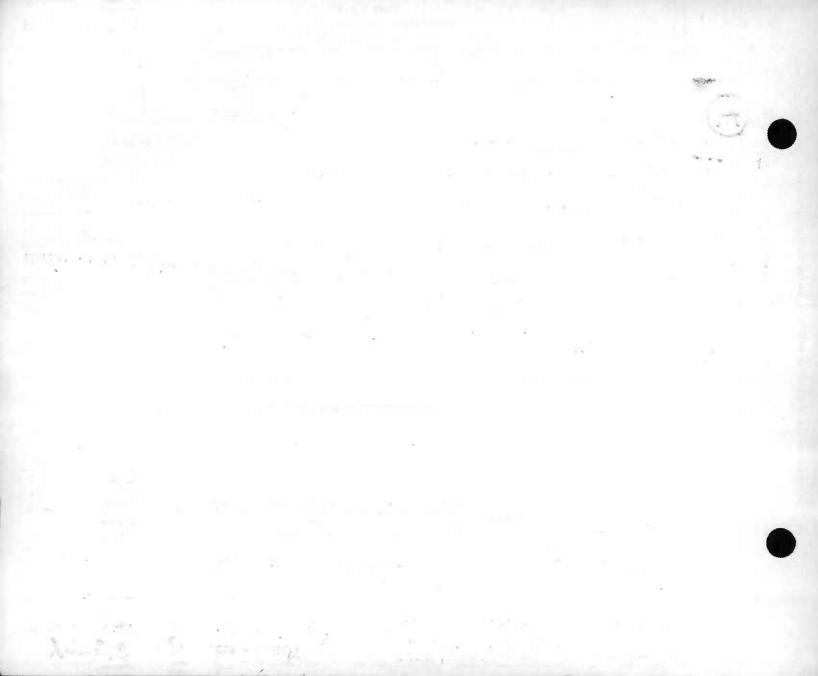
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

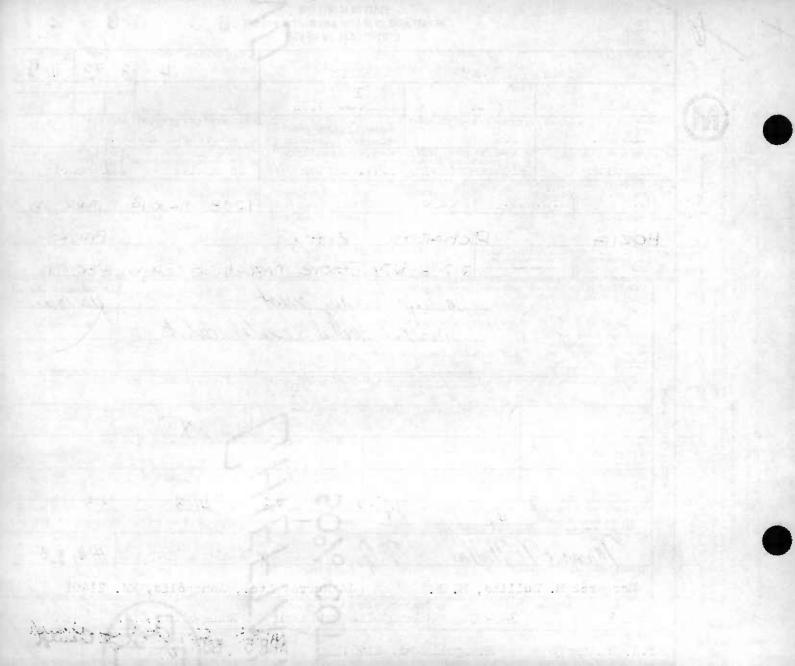


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oge 4 mo	3. SE	m	A RACE		5 DATE OF	FBIRTH DAY YEAR - 8 - 17	6. AGE (IN YEARS LAST BIR	YRS.		4 HRS
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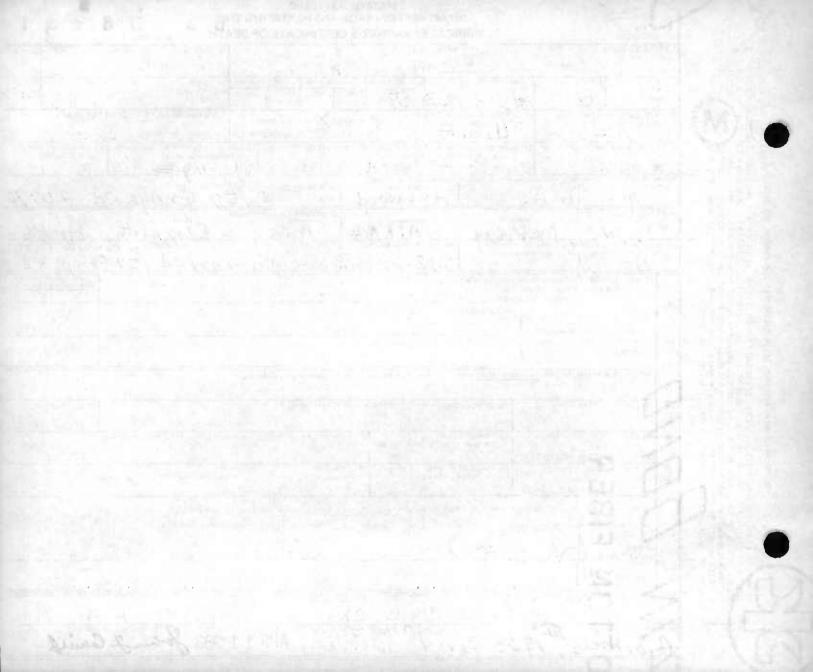
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(VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	8 9 3 0
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	Norris Norris	3	Hanson	April 6	1983 4;25AM
N	1. SE	x Male	<sup>4. RACE</sup> Caucasian	S. DATE OF BIRTH APPFIL 30, 1892	6. AGE (IN YEARS LAST BIRTHDAY) 2 90 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
3	М	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A.  11. NAME OF HOSPITAL, NURSIN	MARRIED WINEVER MARRIED WINDOWED DIVORCED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNT Anne Arundel	County MD.
53	A	nnapolis	Anne Arundel	A <sup>OORESS</sup> ) eneral Hospit	tal Supervisor	COCA COLA C
250	13a. S	ALRESIDENCE (IF NURSING HOME OR STATE 135 COUN Anne	other institution, give residence before  NTY  Arunder Anna	EADMISSION) 13d. INSUDE CITY LIMITS? 2 PO 1 1 Syes 1 NO 1	133STREET ADDRESS Aberdee	n Rd. 21403
000 21		ATHER'S NAME Louis	Hanson Hans	IS MOTHER'S MAIDEN NA Elita	AME	Unknôwn
medico		NAS DECEASED EVER IN U.S. AR. YES YOOR UNKNOWN) (# 1456-GI	med Forces? 166 Social Secu £ war or dates) 216-03-		Hanson Same a	s 13 e
y injury, or other troumotic event,	TION	PART I, DEATH WAS CAUSE IMMEDIAT  5990  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	ence of frad infe	VD, axvfl,	BETWEEN ONSET AND DEATH  IVEN IN PARTITION  ES, WERE FINDINGS USED
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<b>S</b>		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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		STATE OF MARYLAND	
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 9 3 1
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		OF PRINT)	DAY YEAR 26. HOUR
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12	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
4		Innapolis   Anne Arundel General Hospital   Nursing Home or other institution, give residence seriore admission)	
36	130 S	TATE 1 1136, COUNTY 1136, CITY OR TOWN 1136, INSIDE CITY LIMITS? 1136 STREET ADDRESS	1 16001
1		Md A.A. HAYWOOD YES NOW 157 Grays A	d 201/6
26	14. F7	THER'S NAME FIRST  MIDDLE  LAST-  LAST-  MIDDLE  MIDDLE	LAST ?
4	-	10 hv Mc KINLEY WAIKINS MARY FLIZH 1-eth VAS DECEASED EVER IN U.S. ARMED FORCES? 1 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1/2	HICKS
1	(Y	IS, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	rwood md
		No 1218-24-6683 WILLIAM HATTING 157	brays Ad
	-	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X X	100	4220 MMEDIATE CAUSE (o) Congestive heart failure  ( DUE TO, OR AS A CONSEQUENCE OF	
DEFARIMENT OF HEALTH AND MENTAL HIGHENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	10	Conditions, if ony, which	
R RE		gave rise to immediate (b)  Cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
,		lying cause last.	THE REAL PROPERTY.
		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	Z	THE PARTY OF THE P	
5	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
/	IFIC		YES X NO
7	ER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
2		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
	MEDICAL	214 IN HERY OCCURRED 21e PLACE OF IN HERY LATHOME 211 LOCATION	
	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
	-		
			pinion
RYL		death resulted fram: Natural causes A, Accident L, Suicide L, Homicide L, Undetermined manner L,	
\$		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGN	4-2-83
BALIMORE, MARYLAND, 2	1	SIGNATURE MEDICAL EXAMINER SIGN	
E.		EXAMINER'S N Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
BA	23a B	RIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COLOR	
	(:	BUNIAL April 6 1983 Chews Church QUENSVILLE A	A. md
	24. F	INERAL DIRECTOR ADDRESS ADDRES	SIGNATURE
)	10	NAME HICKS 1922 Forest Drive APR 1 1 1983 July	Cohelle

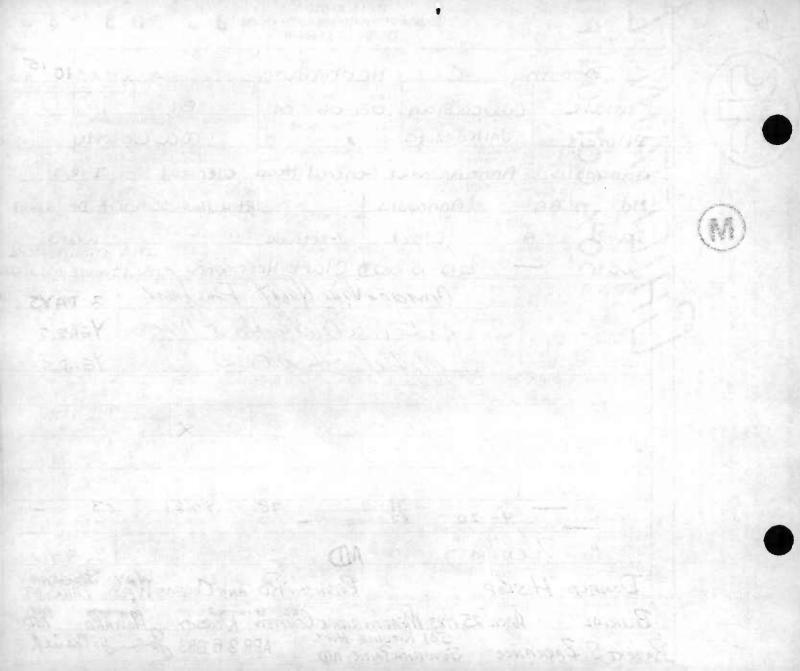


4	Pog 4	Ch.
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 14 hours after death. Page toined by the haspital or otherding physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely tilled in by the hould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fined
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No.	O HOSPITAL OR ATTENDING PHYSICIAN: The Laterined by the hospital or offending physicion.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physical hould be detached for use as the burial-transit permit. Then please remove carbon paper.
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	/	1-	FOR STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	8 9	3 2
/	1		CEASED NAME FIRST	-	AIDDLE	• [	AST	2a DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
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日 日本の	200	3. SE:		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS. DURS MIN.
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I (M	15		MARYLAND	U.S.A		WIDOWE		9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL			MD.
bed w	90	1000	TY OR TOWN OF DEATH  LEN BURNIE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	LESCENT CTR.	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF HAIRDRESSE	WORKING LIFE)	126. KIND OF BUINDUSTRY HOUSE O	
24 hour	35	13a. S	AL RESIDENCE (IF NURS) - DE DE L'ATE  [ARYLAND]	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13c. CITY OR TOWN 13c		13d. IN SIDE CITY LIMITS?	13e STREET ADDRESS 2209 WILKE		SHEPHE NUE, 21		
ed within mpletely and 2 sh	200	14. FA	THOMAS PA	TRICK	HATF IELJ	D	15. MOTHER'S MAIDEN NAME FIRST HANNORAL	ME		BROWN	
n ond co	medicol		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 212-07-		THELMA A. SUT	ADDRE	GTITI	BURNIE	
quires that the death certificate signed by the attending physici hen please remove carbon paper to buriol, cremotion, or removal.	lury, or other troumotic eve	No	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b)	R AS A CONSEQUE	NCE OF		IN AL DISEASE OR COND	DITION GIVEN	IN PART I o	
he lo on. hos t per	i kuono	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDINGS NG CAUSES OF	USED DEATH?
hys fica fro	egn 18 sho		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
- C E	rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
spitol or CTOR: Aff for use o of Health	21 is mai		220.1 certify that (I) (this hasp sow the deceased alive on I) (we) (did) (did no	4-	6 19 8	_3_, or	3-4, 1983 and that in (my) (our) apinion of	death occurred on the do	te and hour a		t (1) (we) lost ses stated
SPITAL OR A J by the hos NERAL DIREC be detached e State Dept.	Z ====================================	(	22b. SKSRUTURE				ATTENDING PHYSICIAN	MEDICAL STAF		4-9-	-83
TO HOSPITAL retoined by the TO FUNERAL should be detained by the	MPORTA		MICHAEL	B. PE	ARLMA				ROAD	BALTIN	NORE MI
BP		23a. E	SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 04-1:			EMETERY OR CREMATORY  IELD PRES. CH	23d. LOCATION CITY OF TOWN SYKESVIL		ROLL	STATE MD
DHMH - 16 50M 4/ (VRA 15, 4)	82		INERAL DIRECTOR  NAME  JBBARD FUNERAL	HOME, IN	NC. 4107		1229 NS AVE. 25° DAI	REC'D BY REGISTRAR	AEGISTRA	R'S GIGH LURE	uch.

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6-	1	FOR	STATE OF MARYLAND	0 0 7 7
	1	- STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	0 7 3 3
	1 D	ECE ASED NAME FIRST PE OR PRINT)		AY YEAR 2b HOUR
ay be sage 3 death		Doroth	ny d Herrmann 04-2	11-8310 15 AM
f moy r, pag efter de	3. S	X		IF UNDER 1 YEAR IF UNDER 24 HRS
age days	70.1	FEMALE BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 PALTIMORE CITY OR COUNTY	OFDEATH
1 1500/		COUNTRY)	MARRIED WEVER MARRIED	no tu
	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	1	annapolis	(IF NOT INSUCHFACILITY, GIVE STREET ADDRESS)  (IT PE OF WORK FOR MOST OF WORKING LIFE  Rome Andel General Has Clerical	INDUSTRY IN R. S.
D212	OSI IJa	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!	
NA CA	1	Md AA	Annapolis YES NO DA R+4 1164 SUM	nit Dr 21401
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be recited intimitate that the physician certificate has been signed by the attending physician and state burial training the placese remove carbon paper. Then placese remove carbon paper to from the and Mental Hygiring action to burial, cremation, or removal arked or them 18 has appropriate to burial, cremation, as removal.		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF LEMANS	YEADS
gned in ple burio ry, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
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AL RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NOW  YES	WERE FINDINGS USED YING CAUSES OF DEATH?
N OF VITA SiCIAN: Ti ng physici certificate mal-tran frem 18 ty	F. W.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT I OR PART ?)
ON OF VI. HYSKIAN: ding physis s certifical burial-tran Mental III.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
DIVISION DING PHY or offendi After this is as the bu alth and M marked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  21i. LOCATION STREET CITY OR TOWN	COUNTY STATE
NDIN of or ose ose ose ose ose ose ose ose ose ose			ol) offended the deceased from 11 - 2	9_83_, that (1) (we) lost
NR ATTE haspite IRECTO hed far ept. af Item 21			19 83 , and that in (my) touch opinion death accurred an the date and hour	and from the causes stated
the hor the hor the hor the hor the hor that hor e Dep		22b. SIGNATULE	DEGREE ATTENDING I MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL Oned by the FUNERAL DI UID be detact in the State De ORTANT: If I		22d. PHYSICIAN'S NAME (1111	PHYSICIAN PHYSICIAN PHYSICIAN	19-47
TO HOSPITAL OR A retorned by the hos TO FUNERAL DIRECT Mould be detached with the State Dept.		DONALD H	BLORD ROBINSON RD AND OWENS WE	SEVERNA PARK MD.
5 5 5 € 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY STATE
BP		BURIAL	HPRIL 25, 1983 WEADOWRIDGE COMETERS & NORSEY HO	WARD MQ.
DHMH - 16 50M 1/B1 (VRA 15, 4)	1	UNERAL DIRECTOR NAME S. BARRI	ANCO SOVERNA PARK, MD 250 DATE RECT BY REGISTRAT 251 REGISTRA  APR 2 6 1983	AR'S SIGNOURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	DECE	SED NAME	FIRST		MIDDLE	EXAMINER		inckley		20. DATE KNO	REG. N		d DAY Y	AR 7b HC
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Е	sex (ale		RACE Bucasia	5 DATE OF B	D . W WE . D	LAST BIRTHDAY)		YR. IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD	) ·	MÖNTH A_		2d. HO
7	FOREK	PLACE (STATE	OR		OF WHAT COU	NTRY? 8. A		NEVER MARR		9. BALTIMORE		OR COUN	NTY OF DEAT	
	). CITY	OR TOWN OF		11. NAME OF	UCH FACILITY, GIVE	URSING HOME, OF		TITUTION	120 USU	Anne Ar JAL OCCUPATION MOST OF WORKING RAILESMAN	ON (TY	PE OF WORK	OUNTY 12b KIND C OR IND Telev	USTRY
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FOR

REGISTRAR

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12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTRY PART 2 ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SOT VOT REPORTED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1/G 25s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES: IT NO F THE HOW INJURY OCCURRED (ANTHOUGH OF PARTY IN THE PARTY OF PARTY) COUNTY STATE that (t) (we) fast and that in (my) (our) opinion death accurred on the date and hour and from the curren stated 27L DATE SA PHYSICIAN DIRECTOR FHYSICIANT 206 CRAIN HIGHWAY SOUTHWEST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

IF UNDER 24 MRS

15, 1983

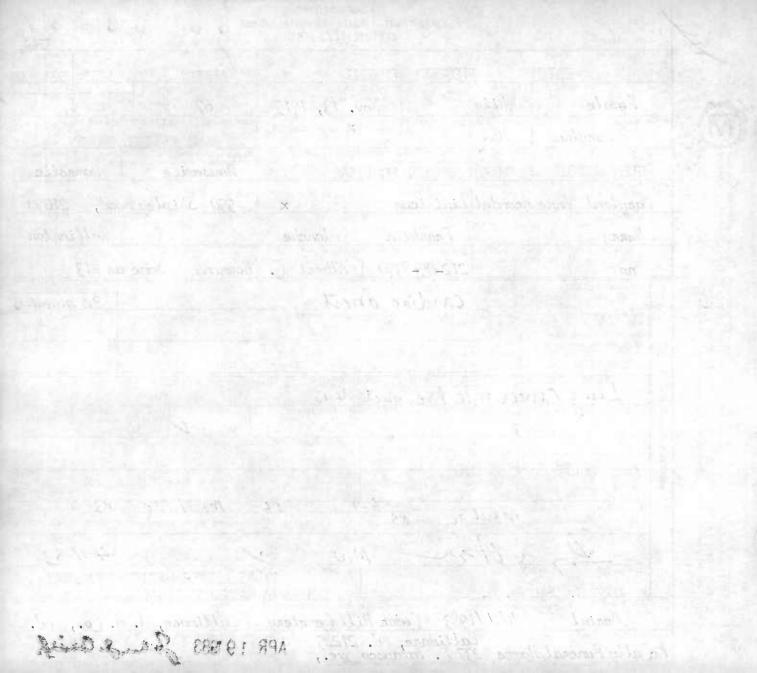
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

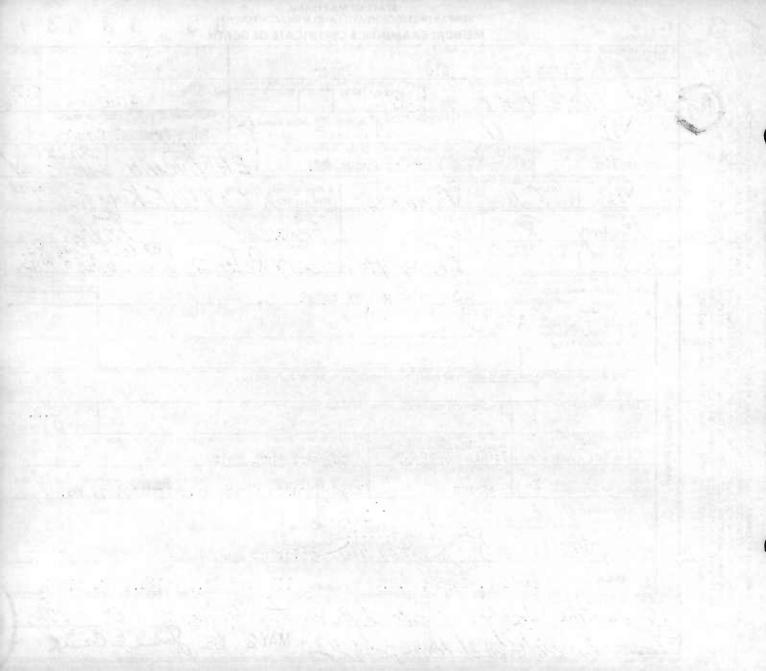


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da de	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION POR	WHICH OPPLATIO		200 AUTOPSY.	YES 🗌	AUSES OF DEATH
A House	0.750	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	1.9	Service and	JRRED (ENTER NATURE OF INJUI	IY IN ITEM 18. PART 1 OR I	PART 2)
h ond M	MEDICAL	21d. INJURY OCCURRED	THE PLACE OF INJURY	OFFICE FARM STC 1	211. LOCATION STREET	CITY OR TO	COL	UNTY ST
of Healt		27x I certify that (I) his has sow the deceased alive above (I) ave (did) (did	on 416 and other day	19 4/0	d that in (my) (aur) opinio	an death occurred an the do	ate and havr ond fr	am the couses stat
letoched ite Dept. 1, if item	5	In spring	A Dun	/	ATTENDING PHYSICIAN	MEDICAL STAI	FE SIAN D	DATE SIGNED
th the St.		ROBERT	G. GRAVY	In rep	270 ADDRESS Pui	timb Rd	DNISSON	
413	P	CREMATION, REMOV	AL 236, DATE /83	STAPA	EMETERY OR CREMATOR	Y PAPO	opris con	DA HI
50M 4/82 5, 4)	21 F	NAME FUND	end other	At Au	Archito AF	R 1 2 1983	Sh REGISTRAR'S'S	Shature

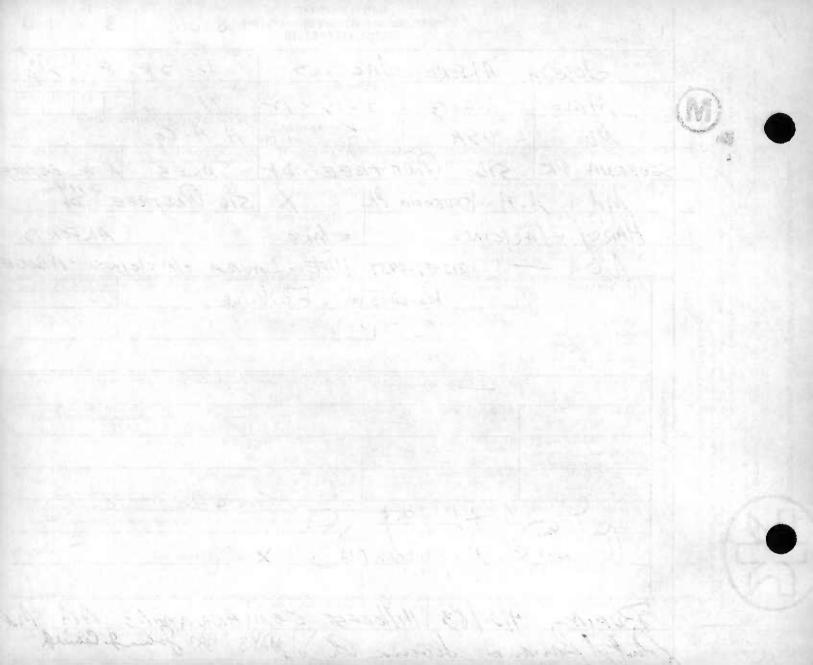
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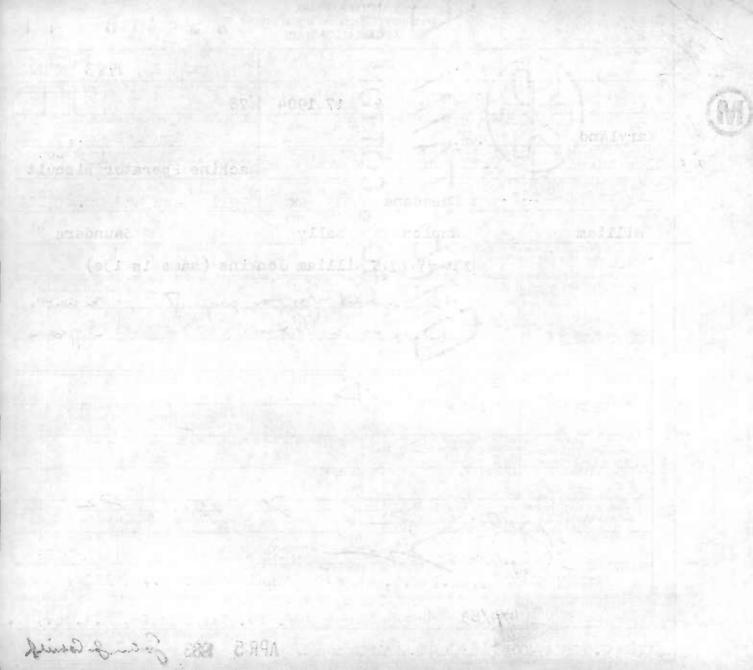
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH LEASE OF MARKET OF ESTI-Timothy Vale Iager 4/22/83 19 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 4/22/83 10 DEAD YRS BIRIMPLACE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Official COVING Anne Arundel County WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 3230 Harness Creek Rd. Annapolis 2, AND 3 TO 3. RETAIN PASSINGULD BE FILE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 MND 2 DIVISION OF VITE EIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) (IE YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: Shotgun wound of chest IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION FORWARDED TO THE CHIEF MED OR: PAGE 3 SHOULD BE USED AS. THE STATE DEPARTMENT OF HEALT ND, 21201 PRIOR TO BURIAL, CRE 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPBY? O. YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 I OR UNDERLYING 7:00 M. 4/22/839 subject shot self CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, EACTORY, FARM, ETC.) WHILE WHILE AT WORK woods 3230 Harness Creek Rd., Annapolis, Md. BACCUIT THE TEST OF THE PARTY BEFORWAR PAGE TO FUNERAL DIRECTOR: PAGINET THE STATE BATTWORE, MARYLAND, 212( 220 I certify that I task charge of the remains described above, held B. O. Autopsy Inspection and in my apinion death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) 4/25/83 EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. 21201 14. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

20M 4/B2



		STATE OF MARYLAND	
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH	0894
eoth see		ECEASED NAME FIRST MIDDLE LAST LOSC DATE OF DEATH LE OR PRINT) JOSEPH ALFORD JACKINS 20. DATE OF DEATH 4-	-8-83 74
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ampletely I and 2 sh		HARRY JACKINS LAST LAST LAST LAST MIDDLE MIDDLE	ALFORI
on and c		WAS DE LISED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRI (18 YES, DIVE WAR OR DATES) 212-07-0437 WIFE - LAURA	ACKINS - ABO  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEA
equires that the death certifical in signed by the attending physis. Then please remove corbon poper to burial, cremation, or remove injury, ar other troumatic event,	NO	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (D)  Conditions, if ony, which gove rise to immediate couse (D), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
hos bee hos been prior	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
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**GEORGIA** 

4. RACE

(NMN)

1896 86 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home (21108)8248 Jumpers Hole Rd. 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME Eliza Shaw 17 INFORMANT (granddaughters) Linthicum, Mrs. Melanie L. Carter/MD., 21090 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated ATTENDING DIRECTOR PHYSICIAN PHYSICIAN HIGHWAY BURNIE MARYLAND 21061 MAY FRANK M D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23'Apr. 83 | Cedar Hill Cemetery Brooklyn Burial APR 26 1983 24 FUNERAL DIRECTOR & Sharmon South Glen Burnie Singleton Funeral Home MD. 21061

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

JOHNSON

REG. NO

20. DATE OF DEATH

APRIL

6. AGE (IN YEARS LAST BIRTHDAY)

21, 1983

IF UNDER 1 YEAR

26. HOUR

IF UNDER 24 HRS.

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STATE

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REGISTRAR

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DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 3	08	9 4 5	2
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	1. SE	Male	White	S. DATE C	be Birth 1918	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HR DAYS HOURS MIN	_
5	7a BI	RTHPLACE (STATE OR FOREIGN DUMPRY) anyland	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	Arundel Co		MD.
7	94	ty or town of death	11. NAME OF HOSPITAL, NURSI North rendel	jenena		TYPE OF WORK FOR MOST O		IND OF BUSINESS OF REP	
5	13u. 7	Manyland Anne	other institution, give residence before ITY Arunde 130 CHY OR TO	WN	13d INSIDE CITY LIMITS? YES NO NO	13. Street ADDRESS Wate	nford Road	21122	
1	10	Villiam	MIDDLE LAST	Jones	15 MOTHER'S MAIDEN NAM Bessie	WIDDLE		1c Quay	
1	16a V	VAS DECEASED EVER IN U.S. ARI R UNKNOWN) (IF YES, GIY	MED FORCES? 166 SOCIAL SEC 217-18-		Mrs. Many E.	Jones 8208	Waterford	l Road	
	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO	JENCE OF		INAL DISEASE OR CON		RT 1(a)	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA		
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT LAL MONITH A	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PA	RT 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	AN COUNT	Y STATE	
		saw the deceased alive on above, (I) (we) (did) (did no	tal) attended the deceased fram  19 1) view the body after death.	, a	nd that in (my) (aur) apinian o	, ta death accurred an the do			ast
		1735. SIGNATURE	- Sal		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [	DATE SIGNED	
		Recep Cros.	Md. D.	N.	325 Hospit				51
1	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. 9AVE 30/83 (28)	NAME OF C	emetery emetery		Anne Ariu		
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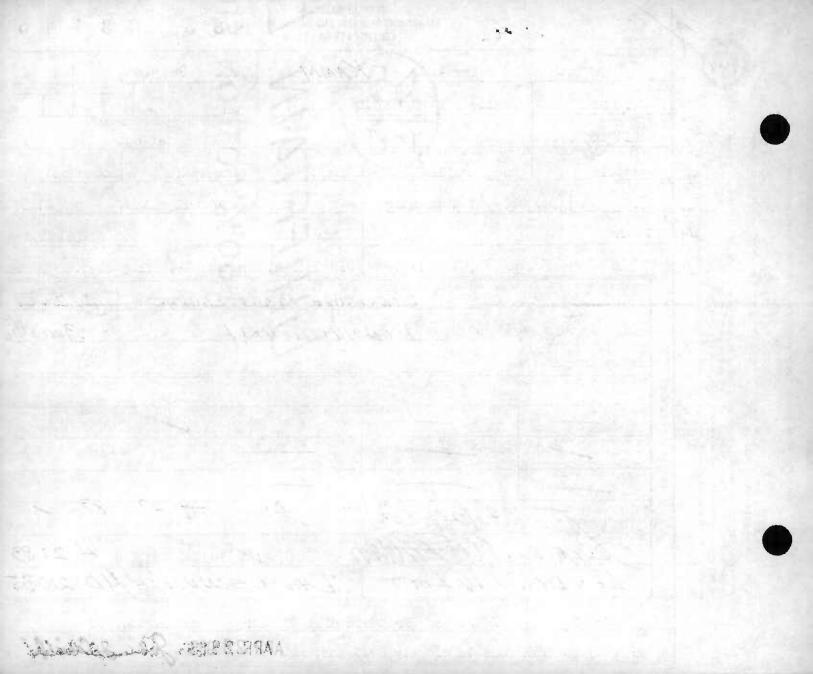
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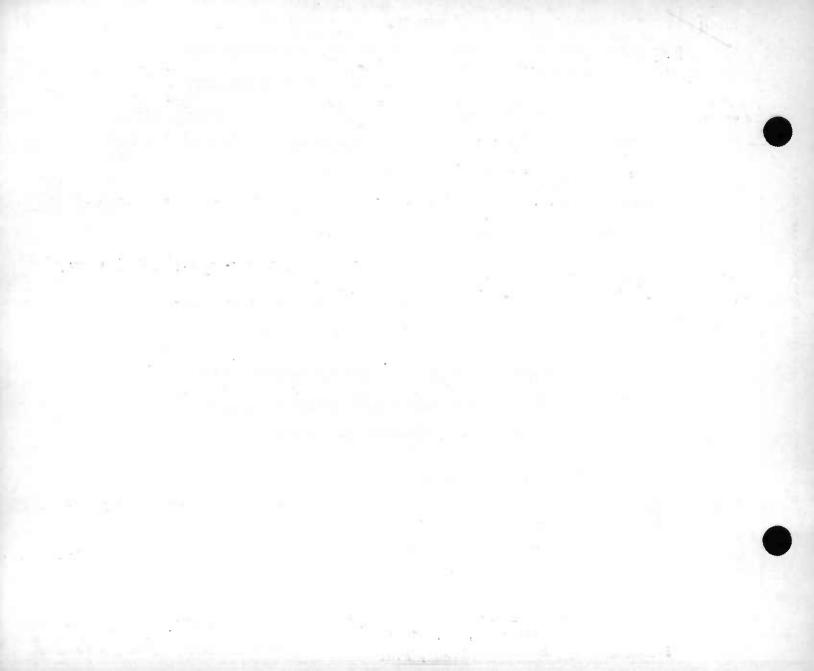
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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		EASED NAME FIRST LEW		MIDDLE	K	ent	2e DATE OF DEATH	4 23	3 83	26. HOUR 61357
3	SEX	M	1 RACE	BLACK	5. DATE C		6. AGE (IN YEARS LAST BIF		FUNDER I YEAR	HOURS MIN.
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1		Y OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET ARUNDEL GN	ADDRESS)	HOSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS O
DI	AF	RESIDENCE (# NURSING HOME O ATE 136 COU A. A. A.		N. GIVE RESIDENCE BEFORE 131. CITY OR TOW ANNAPOL		YES NO	13. STREET ADDRESS 745 Annapo	olis Ne	Ck Roa	id
2	L FA1	HER'S NAME LEON	MIDDLE	TURNER LAST		IS MOTHER'S MAIDEN NAMEL IA	WIDDLE	KEN	T	51
1 14	le W	AS DECEASED EVER IN U.S. AS S, NOOR UNKNOWN) (# YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	MILDRED L. K	ADDR ENT 745 Ann	Annapo apolis	lisek <sup>M</sup>	ld 2140
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1	CERTIFICATION	DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WASTERFORMED	200 AUTOPSY?		WERE FINDI	
-0	_	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAI	RT 1 OR PART 2)	
1	MEDICAL	WHILE NOT WHILE AT WORK AT WORK	210 PLACE (AT HOME, S	E OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220 1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in	- 4/2	25 105	3 , or	id that in (my) (ear) opinion o	death occurred on the c	lote and hour		that (1) (wa) lo couses stated
		22h SIGNATURE	hue	e mi	0	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [	22c. DATE	28/83
		22d. PHYSICIAN'S NAME (1YPE)	OR PRINT)			22e ADDRESS				
		urial, cremation, removai recify RTAL	4-28-	-1983 НІ	LL CR	EST CEMETERY	23d LOCATION CITY OR TOWN		OUNTY M	STATE
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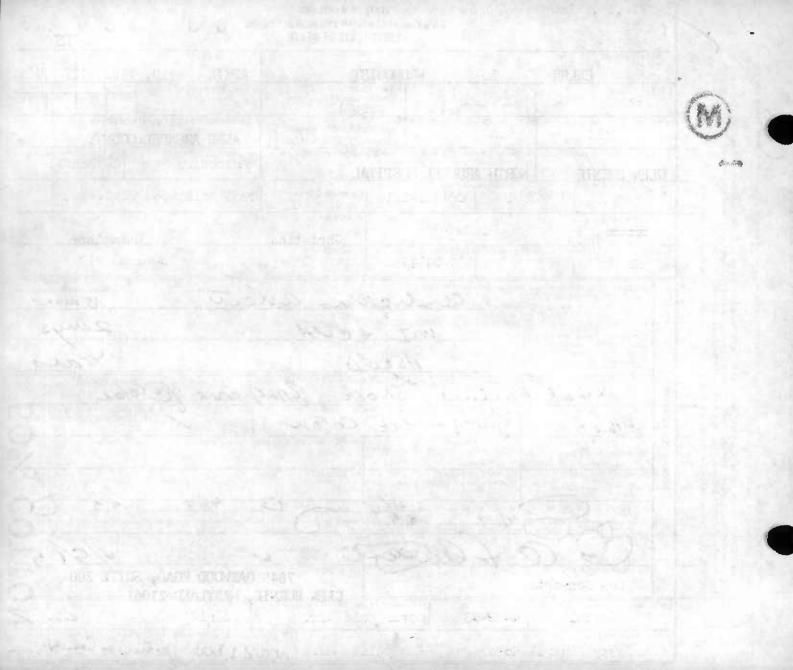


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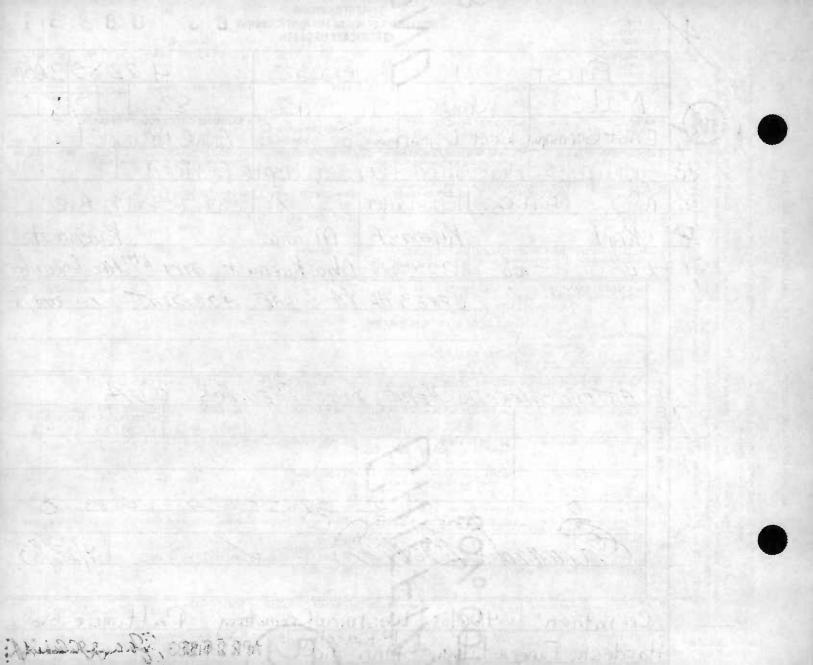
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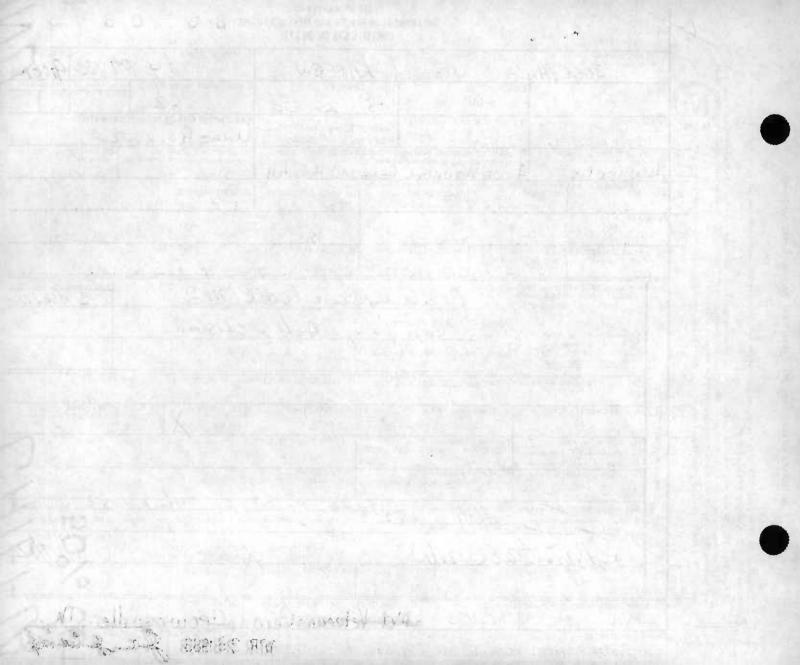
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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20 Sh	13a.	AL RESIDENCE (IF NURSING HOME OF 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS	41
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FOR

- STATE

REGISTRAR

Vomestic 130. STREET ADDRESS 482 Martin Drive, Mantin Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Mountain Rd., Pasadena, Md. 21122 Ukridge, Howard Co. Meadowridge Mem. Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Mo ully Funeral Homes 237 E. Patapsco Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

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	1			STATE OF MARYLAND		5 0 1 4
6	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE & S	0875
(M		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
0	€_	HERE	BERT W.	LORD		4 14 83 07351
	1.58	MALE	CAUCASIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS M
MC	76.8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY	YRS. DR COUNTY OF DEATH
6/		1enn.	U.S.H.	WIDOWED DIVORCED	I fruit AROWL	
-	4	JULAPALIC	II. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS)	12a. USUAL OCCUPAT (TYPOF) WOMEN OST C	OF WORKING LIFE) INDUSTRY
801	a usu	AL RESIDENCE (IF NURSING HOME STATE   136. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		. 1	2140
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0 1	Tác.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRI	ISS SAUCE
Jedy /		WAS DECEMBED EVER IN U.S. A	WII 032-	A ALL MAN	VCA RECORS/WI	IFE BELEASEL
ŧ.	F	18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a	nd (cl.)	11 11.	A APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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ž.		4100 IMMEDI	DUE TO, OR AS A CONSEQU	IENCE OF A	1 1	3
all line		Conditions, if any, which	15) CITE	north antic co	de 17/2 saily	dell
1		gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQU	IENCE OF		
ŧ		underlying couse last.	DOE TO, OR AS A CONSEGR	DENCE OF		
3.0	-	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
£	CERTIFICATION					
6/	2	THE DATE OF OPERATION	19% CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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8	MEDIC	214 INJURY OCCURRED	27s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	THE LOCATION	CITY OR TO	OWN COUNTY STATE
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e a		A SECURITION OF THE PROPERTY O	pital attended the Acoused from	192	to_ P YOF	, 19, that (l) (we)
2		say the deceased alive i	on Sept 198	and that in (my) (aur) apini	an death accurred an the d	ate and hour and from the causes stated
1		THE SIGNATURE / // /	nor yiew the eggy offer geoth.	/ DEGREEN		23c DATE FIGNED
A.		1/11	1/1/11	ATTENDING	MEDICAL _ STA	FF 4/12/
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	3.		1	1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S STATE CERTIFICATE OF DEATH  1. DECEASED NAME (TYPE OF PRINT)  Corneal John Mack  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S STATE OF DEATH MONTH DAY YEAR APRIL 10, 1983=  20. DATE OF DEATH MONTH DAY YEAR APRIL 10, 1983=  8:15								5 6	
	y be	death										AY YEAR	
	ART.	1	3.	SEX	100	Cauc.		5. DATE O		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	(KAI			Male					ember 30	. 87 YRS.		ONTHS DATS	HOURS MIN.
		T. P.	free .	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  ennsylvania  LITY OR TOWN OF DEATH		76 CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN		8.	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	MD.
	و و	of d						NG HOME		12a. USUAL OCCUPAT			F BUSINESS OR
5	s oft	led led		nnapolis		95 Bay Drive, Bay Ric		doe	Manager	OF WORKING LIFE	Hote:	1	
212	noor us	be f	a 10:	UAL RESIDENCE (IF NO		R OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)				I mote.	111/2
TAND	in 24 h	Should	21	Maryland	Anne	Arunde	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 95 Bay Dri	ve, Ba	y Ridge	21103
MARY	ed with	ond 2	1	FATHER'S NAME FIRST William		C.	Mack		15. MOTHER'S MAIDEN NA FIRST  Catherine	WIDDLE		Anzma	
E.	ecut d	es 1	160	WAS DECEASED EVI			16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		ilis, MD
WO	9 C	Pog	1	(YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	章 577-0	3-054	Helen L. Ma	ck. 95 Bay	Drive		
ALT	te b	ol.		18 CAUSE OF DEA	ATH (Enter o	nly one couse pe		nd Land	. 17				MATE INTERVAL
	ifico	mov		PART I. DEATH	WASCAUS	ED BY:	Llos	5/ 9	Failson				us!
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ORDS, 3	require en sign	Then por to bu	Z	PART 2. OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	ninal Disease or con	DITION GIVE	N IN PART 10	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ne low on. hos be	permit ene pric	CERTIFICATION	190 DATE OF OPER	RATION	196 CONI	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
TI/	Vsicie ofe	Hygin 8 sh	7 8	21a ACCIDENT WAS L	INDERLYING		OF INJURY	77	21c. HOW INJURY OCCUR				
J. J.	phy phy	entol H	/	OR CONTRIBUTION F		AIII	.M. MONTH D		A TOTAL				
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ISIO	PH ten	the ond	N X		WHILE		TREET, FACTORY, OFFICE.	FARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE
0	Afre	e os nork			VORK	Section and Additional Manager			0- 9	- 41	6	0.3	
	OR.	Hee Is		22a.1 certify that			erle Marcho	83	nd that in (my) (mr) opinion	death accurred as the d	ote and hour	and from the	that (IL(we) last
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	OR P	Dep Dep		ILE SIGNATURE	/16	1/ /	//	1	ATTENDING_	, MEDICAL STA	FF	27r. DATE	lo =
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	15 refs	2 3 X	230	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	T	1.00	
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noy be page 3 r death		DECEASED NAME FIRST TYPE OR PRINT)		MAJKA	20. DATE OF DEATH MONT	-30-83 1000
ige 4 m rector, p urs after	-3	Male	Sacasian.	5. DATE OF BIRTH  MONTH DAY YEAR  8 - 6 - 1941	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
leoth. Pa nerol du in 72 hau		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	
by the fu	14	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL CTOWNS WILLIAM HOSP	- PM4	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 12b. KIND OF BUSINESS
n 24 hour filled in hould be	55		OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	wnsville Hospi 21032
mpletely and 2 sl	20	FATHER'S NAME FIRST	MAJE A	15 MOTHER'S MAIDEN NAM FIRST Magageliy	ALIDDAS.	INGEHART
execute	7		RMED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 216-36	ITY NO. 17 INFORMANT	ADDRESS	
death certificate ottending physici ave carban paper stion, or removal.		Canditions, if any, which	DUE TO, OR AS A CONSEQUEN	CARCINOMA - Ad	tatic Careino eno-Squamo	mae 6 mths
he low requires that the death certifica on. has been signed by the attending phy: permit. Then please remave carban pat ene prior ta burial, cremation, or remov ows any injury, or ather fraumotic event		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE	ACT BUT NOT RELATED TO THE TERMINE SELLE . Par	NAL DISEASE OR CONDITICANO AUTOPSY? 1200 AUTOPSY? 1200	9 1 y + ,
4YSICIAN: The law requires that the death certifica ding physicion. Its certificate has been signed by the attending physburial-tronsity permit. Then please remave carbanpal whatel Hygiene prior to burial, crematon, or removen and shaws any injury, or other traumotic event.	9	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT  Left Hemip	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE  AYONS CANDITION FOR WHICH CO	CEOF  CARCINOMA - Add  ACEOF  EATH BUT NOT RELATED TO THE TERMI  DIPERATION WAS PERFORMED  21c. HOW INJURY OCCURRI  19  21f. HOW INJURY OCCURRI  21g. HOW STREET	NAL DISEASE OR CONDITION  200 AUTOPSY?  100 AUTOPSY?  100 IN	DN GIVEN IN PART 1(0)  DI IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO 1
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JOHN THOMAS WALLACE FLORES OF The second of th 1.2.4 Med - 11.5.4 The The Mark Street House with the second of the second The transfer of the second sec MEXPREDICT - INCOMPANIE 3 gF . Ex Cost And The Late As a second MAN 3 1993 Se 2 1993

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1			REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	1	
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	mo)	3. SE	, _	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE		
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		10.6	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	N 126. KIND OF BUSINESS OR	
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AND	fille ould	5:	M.D.		POLIS YES NO [	13 STREET COOPESS	E HUE 21401	
RYL	thir ship	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME ( MIDDLE	~	
WA	w pe w puo	IE	DWARD	T. KhoDZI	NSKI JOAN	MIA	DOBROCKI	
m,	d d co			MED FORCES? 166. SOCIAL SEC		ADDRESS	\$	-
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ALT	icate to hysicio papers paval.		18 CAUSE OF DEATH (Enter or	nly one couse per lige for (a), (b), o	and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
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STC	deat offen oumc		Conditions, if any, which	1 Diea	ST Carcinon	12		
2	the cremo		gave rise to immediate cause (a), stating the	DUE TO, OR AS, A BONSE	JENICE OF /	( 1 )		
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500	ow print.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	-
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	OR of the post of them		226. SIGNATURE	0 11.11	DEGREE		22L DAYE SYONED	
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7	NOI	PART 2 OTHER SIGNIFICAL	( 10	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE		al disease or con			
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3444 SOUTH RIVER TERRACE HEIBERGER MARY ELLEN MARROW 3444 SOUTH RIVER TERRACE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (pg) (our) apinion death accurred on the date and hour and from the causes stated 22r. DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 4/20/83 LAKEMONT CEMETERY DAVIDSONVILLE A.A 24 FUNERAL DIRECTOR HARDESTY FUNERAL HOME 12 RIDGELY AVE. ANN.MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

7h HOUR

17h KIND OF BUSINESS OR

U.S. GOV'T

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INDUSTRY

IF UNDER 1 YEAR

28 DATE OF DEATH

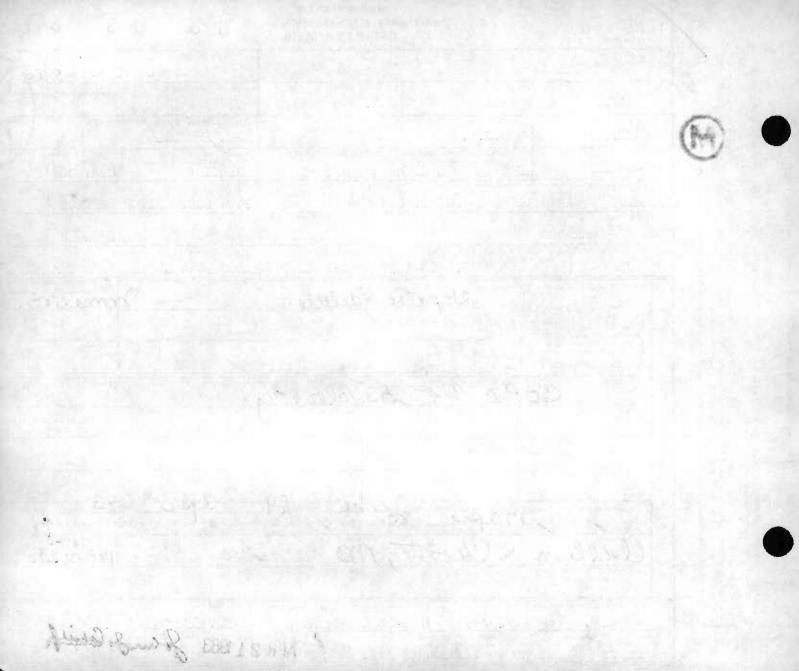
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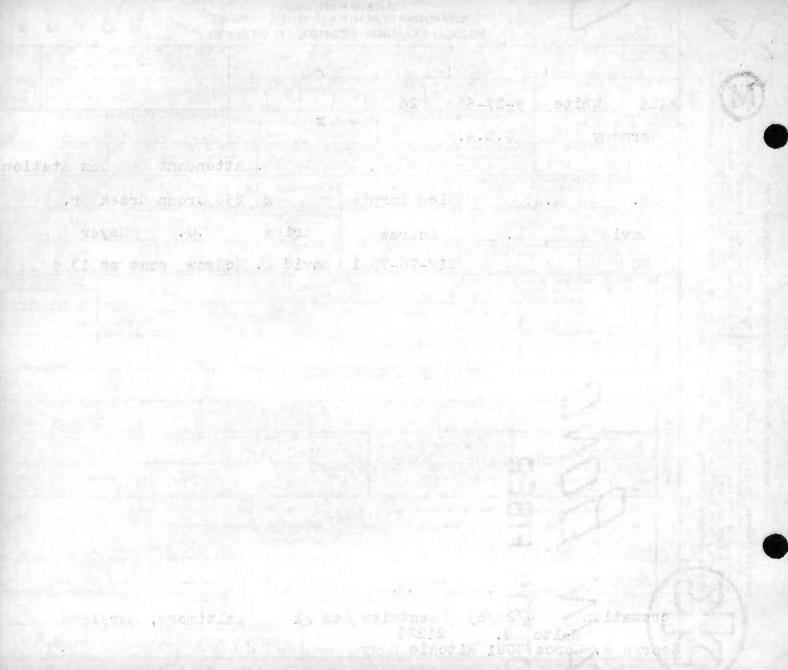
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AND 212 n 24 hou filled in hould be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION OF THE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  13e. STREET ADDRESS  14e. STREET ADDRESS  15e. STREET ADDRESS  16e. STREET ADD
MARYL ted within ond 2 s		JOHN G.	DIE MC Chaugher Dhice THORNON
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, NG PHYSICIAN: The low requires that the death certificate be executive this certificate has been signed by the attending physician and cost the burial-transit permit. Then please remove carbonopaers. Pages the and Mental Hygiene prior to burial, cremation, or removal. or ked or tem—18 shows ony injury, or other troumatic event, the medical and according to the medical shows ony injury, or other troumatic event, the medical exceptions are suppressed to the medical exceptions.		VAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (1927 –	DFORCES? THE SOCIAL SECURITY NO. 17 INFORMANT POPULATION OF THE BECCA B. MªCLAUGHRY #13
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N OF VII	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
DIVISION ING PHY r offendin After this os the bu lith and M orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]  21f LOCATION STREET  CITY OR TOWN COUNTY STATE
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INER:	FAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAY BATTIMORE, MARYCAND, 213	1	22a I certify death resulted		e of the remains des	cribed abo	5.034	Autop	y X.	Inspection		Inquiry		nd in my ap	oinion	
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CAUGAS Pag 5. Apph Street 21224 1953-1957 | 219-12-9035 Sarbura Malonald, 910 S. Denilst.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED David Klaus McGraw SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY PRONOUNCED 10PM 4-21-83 MALE White 9-27-56 26 DEAD To BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Germany WIDOWED D Anne Arundel ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Attendant wooded area 4th Ave./Ferndale Ave Gas Station RETAIN PA Ferndale SUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 258 Md. Glen Burnie Cross Creek Dr NO TO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST FIRST Erika E.C. McGraw Mever David 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 212-76-7961 NO David L. McGraw same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Incised wounds of arms DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF CREMATION, O lying cause lost, DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) ED AS A F USED AS 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, E CHIEF BE USED YERXX FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C AND, 21201 PRIØR TO BUR NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR self/inflicted CONTRIBUTING CAUSE OF DEATH If LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY EXECUTE THE CONTROLLED BE FORWATE TO FUNERAL DIRECTOR, PAGE 3 (TO FURE DEATH, WITH THE STATE DE RALMORE, MARYLAND, 21201 F Wooded area end of 4th Avenue CHYOR Ferndale, Maryland WHILE AT WORK Autopsy XX 22a I certify that I took charge of the remains described above, held on and in my opinion Inspection Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 4-22-83 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Benn Street A. Korell 23d. LOCATION Westview Mem Pk cremation Baltimore. Maryland BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 21225 Balto Md. **DHMH - 17** Gonce 4001 Ritchie Hgwy (VR A15 ME (5)) George J. 20M 4/82



- STATE REGISTRAR		ENT OF HEALTH AND M KAMINER'S CERTIFI	CATE OF DEATH	0 8 9 6 6
1. DECEASED NAME (TYPE OR PRINT) DE	FIRST MIDDLE D.	MC HALE	20. DATE KNO	OWN MONTH DAY YEAR 26. HOL
Female Wh	5. DATE OF BIRTH MONTH DAY 7/9/00 YEAR 6.	AGE (IN YEARS   IF UNDER 1 YR. LAST BIRTHDAY) MONTHS DAYS	IF UNDER 24 HRS. 2c. DATE HOURS MIN PRONOUNCED DEAD	MONTH DAY YEAR 26 HOL
ennsylvania		WIDOWED X	DIVORCED Anne	CITY OR COUNTY OF DEATH  Arundel County  M
Glen Burnie	North Arundel	. Hosp.	JTION 120. USUAL OCCUPATION FOR MOST OF WORKING IT OMERICA.	ON (TYPE OF WORK 126. KIND OF BUSINESS LIFE)  ON 11000E
MARYLAND 136	NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF L COUNTY 134. CITY O ANNE ARUNDEL PASAD	ENA 13d. INSIDE OENA YES	(ITY LIMITS? 13e STREET ADDRESS NO 239 MALLAF	RD RD. 21122
(Unknown)	MIDDLE FOR	x C	IER'S MAIDEN NAME MIDDLE	(unknown)
NO	YES, GIVE WAR OR DATES) 218-10		Donothy M. Hayes	(Same as 13e.)
PART I DEATH WAS	Enter only ane couse per line for (a), (b), o CAUSED BY: CONC	ond (c).) GESTIVE HEART I	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, gave rise to imi	DUE TO, OR AS A CONSE	EQUENCE OF		2 mos.
couse (a) stating the lying cause last.	(c)			
	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED			
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190. DATE OF OPERATION 2/19/83	WAS 216. TIME OF INJURY	21c HOW INJUR	Y OCCURRED (ENTER NATURE OF INJURY IN	YES NO
	HOUR A.M. MONTH D USE OF DEATH P.M. 2/17		HOME	
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WHILE NOT WE AT WORK	HOME		lard Rd., Pasadena	
22a. I certify that I to	ok charge of the remains described obove	, held on Autopsy .	Inspection , Inquiry X	, ond in my opinian
deoth resulted from:	Natural causes X, Accident	, Suicide , Hami	icide . Undetermined monner	
ACTUAL SIGNATURE	ner 9. Jenke	udna Ste	SPECIFY)  DESCRIPTION OF THE SERVINGE	R DATE 4/16/83
<b>1</b>	Iman C. Linhandt M	ת ז		e., Annapolis, Md.
EXAMINER'S NAME E	mer G. minardi, r.	ADDRESS_		,,,
EXAMINER'S NAME F.  (TYPE OR PRINT)  230. BURIAL, CREMATION, REM (SPECIFY BURIAL)		ME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	Howard Maryland

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injury, or other traumotic event, th

should be detached for use as the burial-transit permit. Then please remove carbanapar with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar remaval worls 81 a STATE OF MARYLAND

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	J. SEX Female	4. RACE S. DATE C MONTH		6. AGE (IN YEARS LAST BIRTHDAY	YRS.	IF UNDER 24 HRS. HOURS MIN.
Š	VIRGINIA	76. CITIZEN OF WHAT COUNTRY? B. MARRIEI WIDOWE	DIVORCED	9. BALTIMORE CITY OR CO	del Co.,	MC
	Hen Burnie Md.	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANY AND MANY OF I	N36-Home	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIF	RKING LIFE) INDUSTRY	r BUSINESS OR nemaker
0	13a. STATE Md. 13b. COUN	other institution, give residence before admission) ITY 13c. CITY OR TOWN  A. Pasadena	13d. INSIDE CITY LIMITS? YES NO X		utus Rd.	(21122
	Winfield	J. Smith	Alice	WIDDLE	Shelto	
	166. WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Virginia Je	ADDRESS nkins, 8432 A		(21122) MATE INTERVAL
	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)	YNLA FROM D	DCTUR )		
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT		20a. AUTOPSY? 20b	b. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED
	OR COLUMNIA CONTRACTOR OF DE LA	TH HOUR A.M. MONTH DAY YEAR	71c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	ITEM 1B, PART 1 OR PART 2)	
	GRECONTINEUTING CAUSE OF DEA	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased olive on above, (1) (we) (did) (did not	ol) ottended the deceosed fram 19, or	nd that in (my) (aur) apinion	death accurred an the date $a$		that (1) (we) last causes stated
	THE SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE.S	SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	WILLIAM TO THE		

BP.

IMPORTANT: If Hem 21 is morked or High

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

April 6, 83 Woodlawn Cemetery

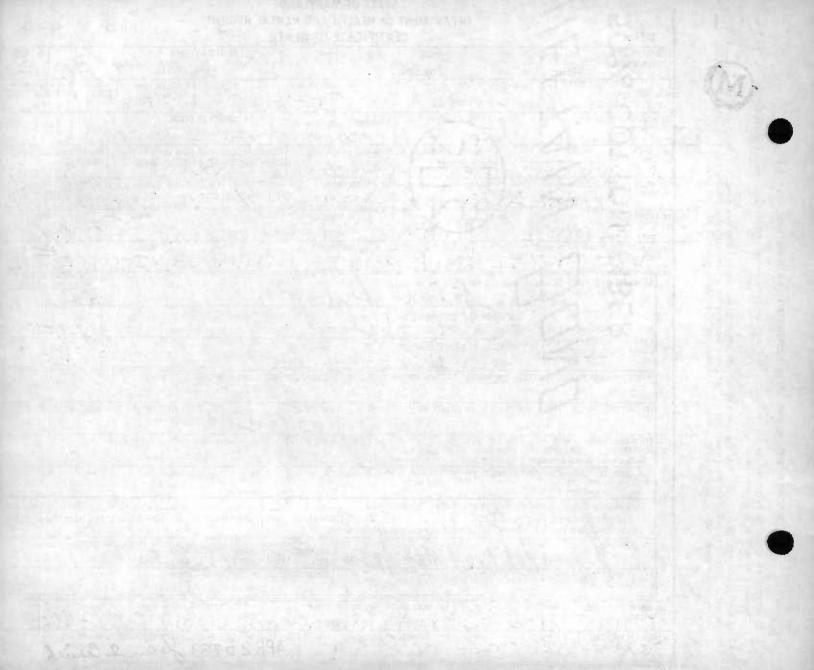
23c, NAME OF CEMETERY OR CREMATORY

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

APR 5 1983

Enter the secretary of the second of the sec

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Mihm 1 DECEASED-NAME 20. DATE OF DEATH 2b. HOUR May Ihm ST (Type or print) Mihm Joseph, T. 3 SEX 4. RACE 6. AGE (In years 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINGER 24 HRS MONTHS HOURS YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Anne Arunde WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Pleasont during most of working life even it retired.) PRESTON STREET, BALTIMORE, MARYLAND 21201 HUIDOLCONV. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3025 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address (Yes, no or unknown) 18. CAUSE OF DEATH (Enter anly one cause per line for)(a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse \* PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, 301 permit 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 70a AUTOPSY? CAUSES OF DEATH? YES [ NO TIL 21a. ACCIDENT WAS EWDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, CAUSE OF DEATH Month Day Year HOUR A.M. If either, notify medical examiner 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACIORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while 22a. L certify that (1) (this hospital) affended the deceased from saw the deceased alive on Albert 11 198 band that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we/did) (did not) view the body after death. 22b SIGNATURA 22c. DATE SIGNED DIRECTOR STAFF DIRECTOR 22d PHYSICANY 22e. ADDRESS should l 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 250 REC'D BY REGISTRAR DATE PR 2 5 198 DHMH-16 1/71 30M (VR A15 (4))



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CERTIFICATE OF DEATH LAST

DEPARTMENT OF HEALTH AND MENTAL H

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2a. DATE OF DEA

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G. N	10.				17		
TH	MONTH	D	AY	YEAR	2 b	HOL	JF

1	-	STAT	TR	AF
		EASE OR PRIN	Z	A/

3. SEX

MIDDLE E. Herbert

4 RACE

Black.

U.S.A.

MOULDEN 5 DATE OF BIRTH April 18, 1983 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

Male BIRTHPLACE (STATE OR FOREIGN MARYLAND

MONTH March 13, 1913 76. CITIZEN OF WHAT COUNTRY?

70 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED

130. STREET ADDRESS

10. CITY OR TOWN OF DEATH

WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) anne Arundel General Hospital

YESKIX

13d. INSIDE CITY LIMITS?

Anne Arundel 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

126. KIND OF BUSINESS OR INDUSTRY

Annapolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN

Anne Arundel Annapolis Maryland 4. FATHER'S NAME

MOULDEN 166. SOCIAL SECURITY NO.

Endotoxin shock----

15. MOTHER'S MAIDEN NAME MARY

196 Clay Street MIDDLE

PETERS LAST

THOMAS

60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OF UNKNOWN)

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

212-16-2348

17 INFORMANT

**ADDRESS** 

21401 DASSY MOWLDEN 196 Clay St. Annapolis, Md

one week

IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

PART I. DEATH WAS CAUSED BY

Right pulmonary empyema----DUE TO, OR AS A CONSEQUENCE OF Heart failure (acute pulmonary edema)

DUE TO, OR AS A CONSEQUENCE OF

one week

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Acute myocardial infarction, recent & remote, due to atherosclerosis. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

N/A 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

19

YES XX NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TY NO F

MEDICAL NOT WHILE

23e. BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from May 27 sow the deceased alive an April 18 10 83

P.M

21e. PLACE OF INJURY

\_\_\_\_\_, to April 18,

and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

COUNTY STATE

abave, (1) (we) (did) (\*\*\*Cookview the bady after death 22b. SIGNATURE

22d. PHYS

ATTENDING PHYSICIAN 22ª ADDRESS

211. LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR PHYSICIAN

Crownsville

16 Murray Ay., Annapolid, Maryland

CITY OR TOWN

22c. DATE SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

BURTAL

shows

the burial-transit and Mental Hygie

toched Dept.

should be

MPORTANT:

24. FUNERAL DIRECTOR

WILLIAM REESE & SONS MORTUARY P.A.

Charles W. Kinzer, M. D.

23h DATE

Md. Veterans Cemetery Annapolis, Md. 21401

A.A. Maryland

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Mountain and lick Neck Rds. Pasadena, May 211

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	0	8	9	7	
	REG. NO.					

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CEASED NAME FIRST Jacob	MIDDLE	LAST		
			20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		Muellen	ripnel 2,	1983
4.	I RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24  MONTHS DAYS HOURS
Male	White	Uctober 20, 190		YRS.
OUNTRY)	LISA CITIZEN OF WHAT COUNTRY?		Anne Anun	del County
Glen Burnie	North Arundel	ADDRESS) General Haspit	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF A RETARE	ION DE WORKING LIFE) 12b. KIND OF BUSINES INDUSTRY Union Hal
anyland fine	ither institution, give residence before  Pasadena  rundel pasadena	YES NO	2068Kurtz	Avenue 21122
	Muelter Muelter			Hitlen
		RITY NO. 17. INFORMANT	ADDR	ESS
10		229 Mrs. Kath	erine M. A. Mu	eller (Same as 13)
	(c)			
	ONDITIONS CONTRIBUTING TO D			
190 DATE OF OPERATION		DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON  208 AUTOPSY?  YES \( \text{VES} \( \text{NO} \)	20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH YES NO
	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSÝ?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT	196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY C	200 AUTOPSÝ?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO THE NO THE NOTION OF THE N
19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AUTOMATION SOW the deceased office on obodye. (I) (we) (did) (dud not)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) 31) attended the deceased from	OPERATION WAS PERFORMED  21c. HOW INJURY C  21f LOCATION STREET  19  21f LOCATION STREET  19  21f LOCATION (my) (Gur) o	200 AUTOPSY?  YES NO NO NOTICE OF INJUING OF	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO THE NO THE NOTION OF THE NOTION
19d DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK OT WHILE AT WORK (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) view the body offer death.	OPERATION WAS PERFORMED  21c. HOW INJURY C  21f. LOCATION STREET  19  19  19	208 AUTOPSY?  YES NOW  CITY OR TO  Pinion death occurred on the d	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO THE
C A S C A	JER BURNIE  AL RESIDENCE (IF NURSING HOME OR C THER'S NAME  VAS DECEASED EVER IN U.S. ARM ES, NO R UNKNOWN)  18. CAUSE OF DEATH (IETER ONLY PART I. DEATH WAS CAUSED	TY OR TOWN OF DEATH  Len Burnie  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM 18 COLVEN TO A TOWN OF TOWN OF TOWN OF TOWN OR TOWN	MARRIED NEVER MARRIE  MIDOWED DIVORCE  TY OR TOWN OF DEATH  WID AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  LER BURNIE  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ITATE  AND. COUNTY  AND COUNTY	MARRIED NEVER MARRIED   Anne Arund  IVA   WIDOWED   DIVORCED   120 USUAL OCCUPANT  IVAN OF DEATH   DIVAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPANT  LER BURNIE   WIDOWED   DIVORCED   120 USUAL OCCUPANT  IVAN OF DEATH   MORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  IVATE   WIDOWED   136 INSIDE CITY LIMITS?   136 STREET ADDRESS   136 STREET ADDRE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the haspital ar attending

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

	1	REGISTRAR				CERTIF	ICATE OF D	EAIR		REG. NO.			
73		CEASED NAME	FIRST	,	MIDDLE	l	LAST		20. DATE OF D		NTH g	DAY YEAR	26 HOUR
	TYPE	OR PRINT)	Paul	Ec	iward	M	ueller			4	1/10	2/83	315 PM
	3. SE	X		4 RACE		S. DATE C	OF BIRTH	WE LE	6. AGE (IN YEAR	S LAST BIRTHDA		MUNDER 1 YEAR	
	p	nale		white	9	Oct	. 1 DAY	1926	56		YRS.	MOINING	HOURS MIN.
7	. (	IRTHPLACE (STATE COUNTRY) Cannonst			WHAT COUNTRY?	8. MARRIE WIDOWE	D K NEVER M	ARRIED	9 BALTIMORE	Arund			445
13.00		ITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OC	CUPATION		12b. KIND (	MD. OF BUSINESS OR
	-	Riva		3040 Pi					printi		ORKING LIF		Commerce
5	13a. S	Md.	136 COUR		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Riva		13d. INSIDE CE	МОЖ		DRESS Pike	Dr.	Ó	2/140
21	M. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA/		AIDDLE		LA	IST .
1	F	rederick			Muelle	r	An	na				Lo	ogan
1		VAS DECEASED EN		MED FORCES?	166. SOCIAL SECU		17. INFORMAL			ADDRESS			
	7	yes			194-22-08	381	Ruth	Marie	Mueller	3040	Pike	e DrRiv	ra Md.
	No	Conditions, if a gove rise to couse (a), st underlying co	immediate oting the juse lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED		INAL DISEASE C	DR CONDIT	ON GIV	EN IN PART 1	10
2	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPE <b>R</b> ATIO	N WAS PERFO	RMED	200 AUTOPS		V CERTIF	S, WERE FINDI	
7	MEDICAL CERT	77s.1 certify that	CAUSE OF DEA	HOUR A.I P.I 216. PLACE ( (AT HOME STR	M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, FA	19 RM, ETC	211 LOCATIO	IP 8	RED (ENTER NATUR	E OF INJURY IN	ond hou	county  19 33, ir ond from the	STATE that (I) lost
	230 8	THE PHYSICIANS			7 23c N	AME OF C	22e ADDRESS		23d. LOCATK	NC			
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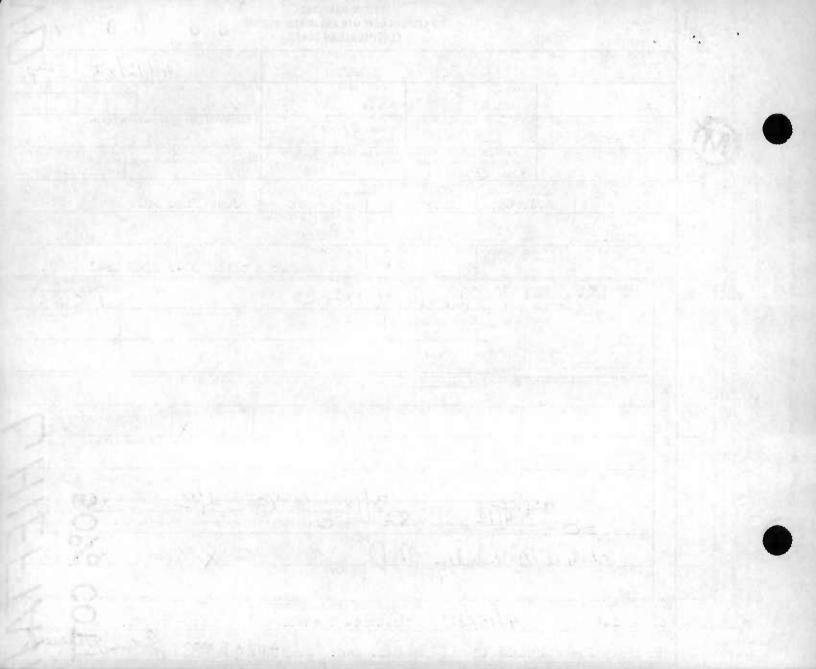
DHMH - 16 50M 4/82 (VRA 15, 4)

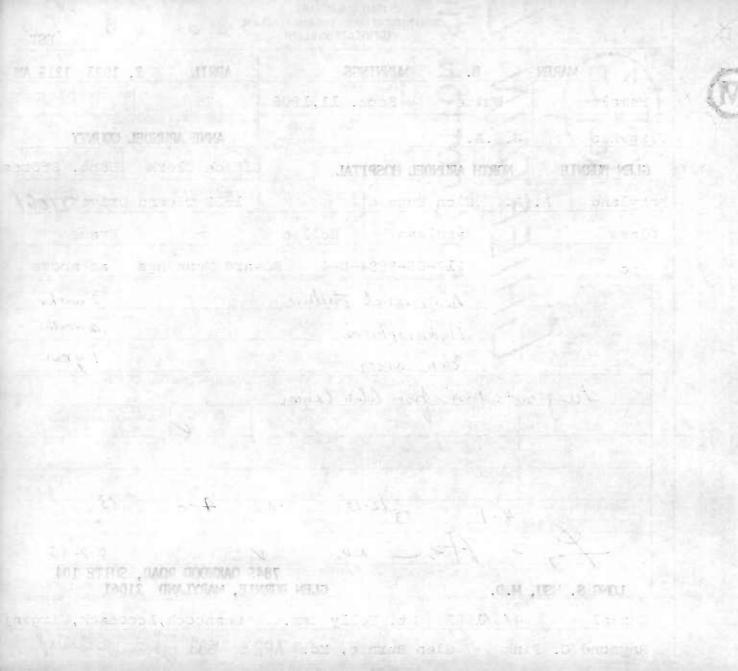
BP.

Westview Crematory

Baltimore, Md.

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md. 250. DATE REC'D. BY REGISTRAR 256. PERISTRAR'S SIGNAL CENTER 2149R 1 5 1983





UNERAL HOME GLEN

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2h HOUR

Co.

12b. KIND OF BUSINESS OR

Street

Keller

Sewerd Ave.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

YES [

Cen.

BURNIE, MD.

Millheim

COUNTY

22c. DATE SIGNED

Centre Co.

Beah Steel

TO STANCE FOR LIGHT WELL, USED IN RECEIVED. 1884 26 382 Jan School

1. DECEASED NAME (TYPE OR PRINT). 10mas 3 SEX 76 CITIZEN OF WHAT COUNTRY? O HOME OF OTHER MISTIFLITION, GIVE VEHICLENCE SEPONS ADMISSIONS UB COUNTY FATHER'S NAME WIDOU WAS DECEASED EVER IN U.S. ARMED FORCES? THE RES. ONE WAR OR DATES. 11. CAUSE OF DEATH (Enter only one course per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Q DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION à 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 21e. PLACE OF INJURY marked NOT WHILE AT WORK 22a I certify that (I) 4this hospital) attended the deceased from be detac TO FUNERAL Should be deta MPORT 230 BURIAL, CREMATION, REMOVAL BP.

> DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH YEAR 14 30 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 01 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR HE INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME WIDDLE ADDRESS 17. INFORMANT Sam ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 211\_LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE , that (1) (we) last , and that in (my) (east) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED TENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 00

cylor runeral Chapel-Annapolis MD

APR 2 6 1983

23d LOCATION

232 NAME OF CEMETERY OR FREMATORY

REGISTRAY'S SIGNATURE

Male 37, 412 1 0 de sou ANNE ARUNDEL CO. 11000 Myers Happe Dia arnoc Sylve feest Blanche Hillyers 011 2111 Charles Land Her 23/183 Our had got sorred Owener the 19th 19th Largue Teoplar Tunant Court Hannah Smid ARRS BERS BERS A

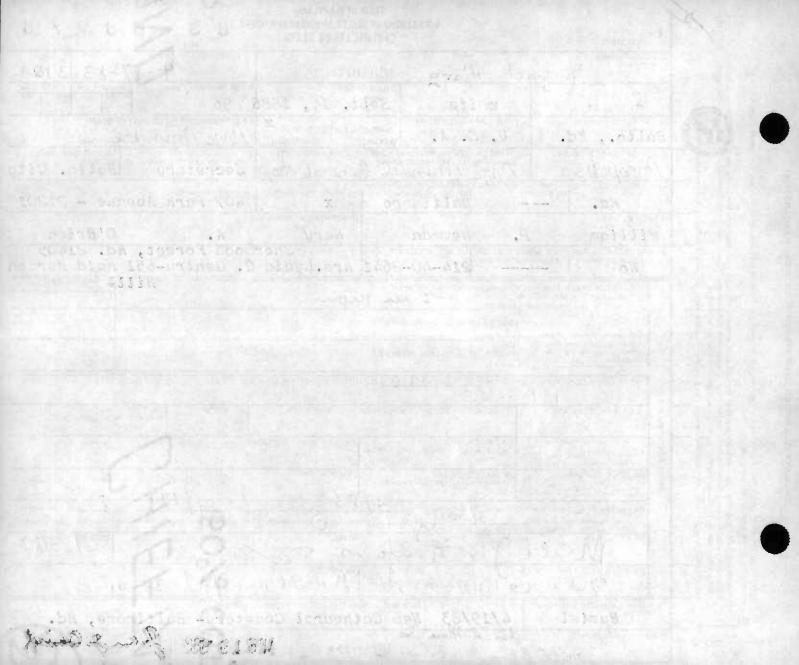
10	1	STATE OF MARYLAND	
T		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	8 9 7 6
		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
noy be page 3		DECEASED NAME FIRST MIDDLE LAST VASSIF 20. DATE OF DEATH MONTH LAST VASSIF	- 83 63 m
re moy	3.	FEMALE WHITE S. DATE OF BIRTH  S. DATE OF BIRTH  MONTH 1904  VEAR  8. AGE (IN YEARS LAST BIRTHDAY)  VEAR  VE	IF UNDER 1 YEAR IF UNDER 24 HRS
A Pool	77 70	BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROPERTY OF COUNTY WIDOWED DIVORCED DIVORCED AND EARLY DEL	OF DEATH  OF DEATH  MD.
ofter of	3 12	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFT  AND AREA (LIPT)  (TYPE OF WORK FOR MOST OF WORKING LIFT  (TYPE OF WORK FOR MOST OF WORKING LIFT)	126. KIND OF BUSINESS OR
212C hours enth	U	NUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	91403
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IMORE,	/ 16	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  200 282928DGZECE WASSIF # 13	
death certificate other corrections or removed in the other or corrections or removed in the other corrections.		18 CAUSE OF DEATH (Enter only one couse per line for 10, 16), ondic.  PART I. DEATH WAS CAUSED BY:  H329  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which  (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PR so that the please remorrial, crema		gove rise to immediate couse (a), stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN BART 1
RDS, require	ā		EN IN PART TIO
ITAL RECORDS  The low requisions, the hos been significant the hos been significant prior to k shows any injury	9	198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES YES YES YES YES	S, WERE FINDINGS USED SYING CAUSES OF DEATH? S NO
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VISIO G PH G PH onter the ond ked o	/	216. INJURY OCCURRED  WHILE AT WORK A LOOK ALL WORK A LOOK	COUNTY STATE
TTENDIN or or of for use os of Health		22a. I certify that (1) (this hospital) attended the decaysed from 19 , 19 , to 1000 , saw the deceased alive on 19 , and that in (my) from opinion death occurred on the date and hou above the (me) (did) (aligned) view the bagy after death,	19, that (I) (we) fast or and from the couses stated
At OR A or the hosp Al DIREC detoched detoched bit I'll if hem		22 bis GNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 4-8-83
TO HOSPITAL ( TO HOSPITAL ( TO FUNERAL I Should be deto with the Store I	1	PETER F. VERKOUD 1220 ADDRESS HIGH FOREST Drive Annap Dis 1	hd 21403
	23	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION CITY OF TOWN ALTONA &	PUNTY D'A
BP	24	FUNERAL DIRECTOR 3/4/6 1 1250. DATE REC'D. BY REGISTRARY REGIST	RAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)		AYLOR FUNCEAL CHAPEL ANN AGOLS ND APR 1 1 1983 John	J. Court

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-11					STATE OF MARYLAND			
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Page 19	167	7a. BII	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the other dings physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopapers. Pages I and 2 should be fit than and Memal Hygiene prior to burial, cremation, or removal.	2/	14 FA	THER'S NAME	MADLE LAST	15. MOTHER'S MAIDEN N		o. Wr	isht
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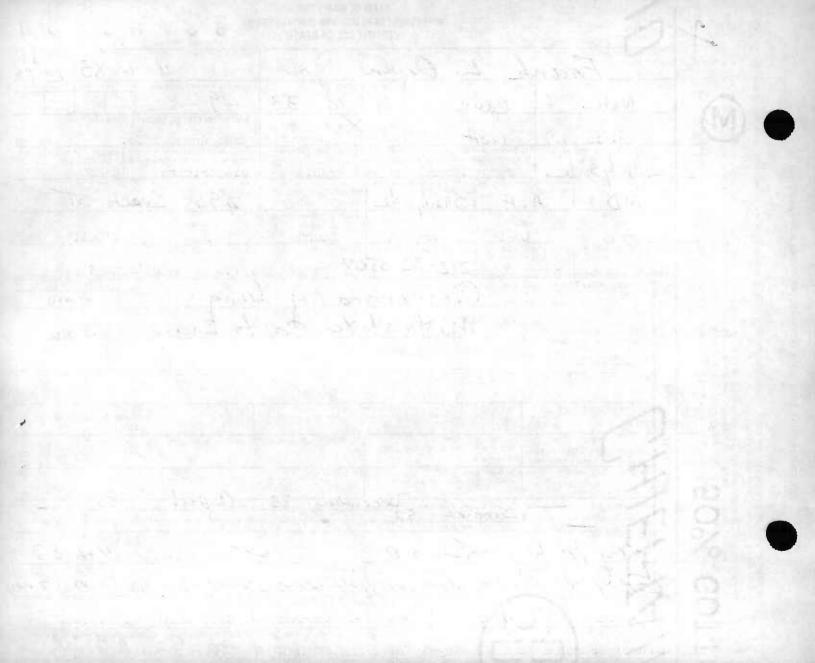
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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(VRA 15, 4)

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on and co	1	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)		Mary Chase	ADDR	Suntingtown	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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R ATTENDING hospital or off RECTOR: After red for use as tippt, of Health or eem 21 is marke		220.1 certify that (1) this hasp saw the deceased alive an abave (1) we (did) did no	at view the body ofter death.	81, and the	at in (my) (aur) apinio	an death occurred an the c	late and haur and fram	
by the h ERAL DIR e detoche Stote Dep		226. SIGNATURE  PRINCE  226. PHYSICIAN'S NAME (TYPE C	Jacobs in	1 1	ATTENDING PHYSICIAN ADDRESS		CIAN	PIG 183
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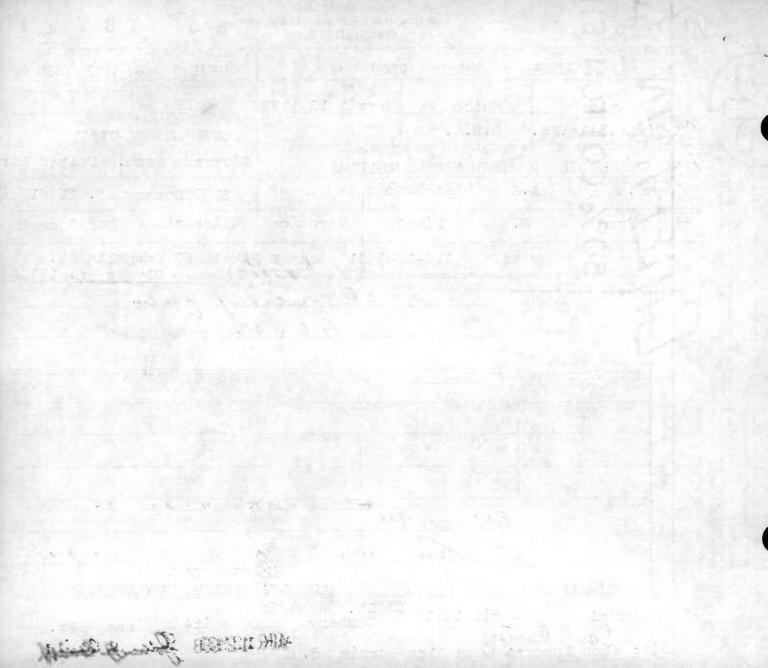
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he hospital an DIRECTOR. A toched for use bept. of Hedl		22e.I certify that (I) (this hosp saw the decrosed alive or above, (I) (we) (did) (did no 22a. SIGNATURE	of I view the bos	10	, or	, 19_ d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	DATES	
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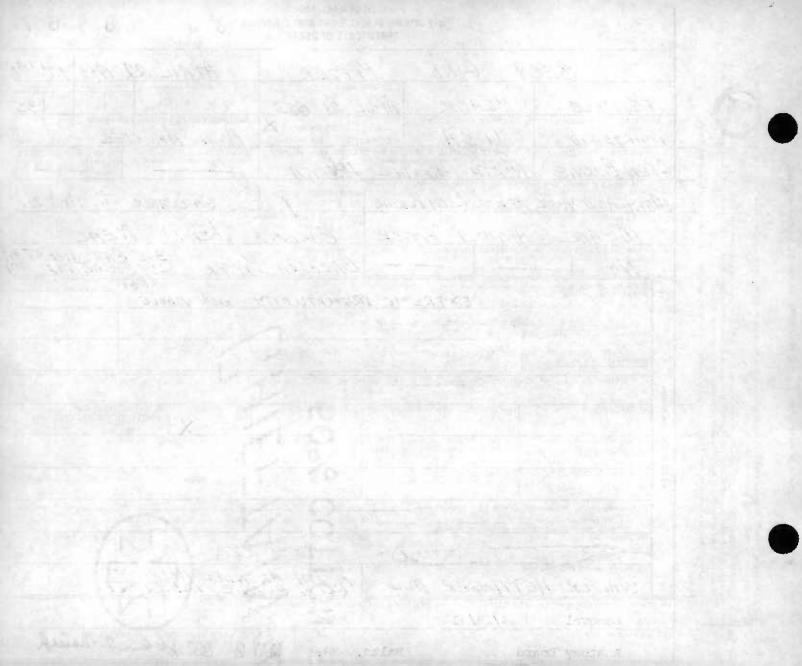
Burial | 11 Apr.83 | Crownsy | 24 FUNERAL DIRECTOR | Jämes S. Kirkley, Glen Burmie, Md.

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	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	08	181
may be age 3 death		CEASED NAME FIRST BAB)	A GIRL	5. DATE OF BIRTH	R	DATE OF DEATH MO APRIL  GE (IN YEARS LAST BIRTHD	NTH DAY YEAR  22 1989 AY) IF UNDER 1 YEAR MONTHS   DAY	
84		RTHPLACE ISTATE OR FOREIGN 76.  THE PROPERTY OF THE PROPERTY O	BLACK CITIZEN OF WHAT COUNTRY	MARRIED WEVER	1983	ALTIMORECITY OR O	YRS.	MD.
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physic ph	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR		(ENTER NATURE OF INJURY IN	HIEM 18 PART I OR PART 2)	
NG Affer of the orke	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospital)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		EET	CITY OR TOWN	COUNTY	STATE
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TO HOSPITAL O retoined by the TO FUNERAL D should be detoc with the Store D IMPORTANT: If I		118 PHYSICIANS NAME THANKS		22e ADDRI 1. D. 1/4/	PHYSICIAN DIE	EDICAL STAFF RECTOR PHYSICIAL  NDEL HOS IE, MD.		
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME Anatomy Board	ADDRESS	Balto., Md	N 8 AS / 6	2 1983	REGISTRAR'S SIGN	theel



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FOR

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

FIRST

Claude

MIDDLE

W.W.

DECEASED NAME

Male

COUNTRY)

Marvland

14 FATHER'S NAME

. BIRTHPLACE (STATE OF FOREIGN

Kentucky

Glen Burnie

ID CITY OR TOWN OF DEATH

FIRST

Jack

(YES. NO OR UNKNOWN)

PART I. DE ATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate

couse (o), stating the underlying cause last

190 DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNATURE

(SPECIFY)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive an

22d PHYSICIAN'S NAME (TYPE OF PRINT)

Singleton Funeral Home

Yes

IFICATION

CERTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONTH 2b. HOUR April 18, 1983 Ramey nmn 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH White March 24,1920 63 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel County, U.S.A. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Ship Builder Beth. North Arundel Hospital Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CUTY OR TOWN 804 Fifth Avenue (21227) 13d. INSIDE CITY LIMITS? Baltimore Lansdowne NO X 15. MOTHER'S MAIDEN NAME MIDDLE (Unknown) Ramey Torre 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Wife) Same As # 13 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES Mrs. Flossie Ramey 226.18.521 II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g) IMMEDIATE CAUSE ID 3 yrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY 21E LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } 220.1 certify that (1) (this haspital) attended the deceased from \_ 1983 and that in (my) (eer) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE ITY OR TOWN 21 'Apr.83 MD. Veterans Cem. Crownsville, A.A.

Glen Burnie

Maryland

BY REGISTRAN SI REGISTRAN SI

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DHMH - 16 50M 4/82 (VRA 15, 4)

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11	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE 8 3	089	9   EST.
		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
poge 3		BESS	SIE O	REDMON	APRIL 11,		4:48 API
Soffer	3. SE.	Female	4. RACE White	S. DATE OF BIRTH  Cotober 26, 19	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEA MONTHS DAYS	
34		RTHPLACE (STATE OR FOREIGN PUNTRY) land	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	337777	RECOUNTY OF DEATH	ITY MD.
19/1/ 10/2		TY OR TOWN OF DEATH  EN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION (ET ADDRESS) DEL HOSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTR	OF BUSINESS OR
should be f	Ma	AL RESIDENCE (IF NURSING HOME OF THE PROPERTY		WN 134. INSIDE CITY LIMIT	13e. STREET ADDRESS 716. 2073	th. Street	21222
ond 2		Phillip	MIDDLE H. Fea.	ster Amanda	V. MIDDLE	Philli	AST
enovol.	-	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one couse per line for (b), (b), one couse per line for (c), (c), one couse per line for (c), one cou		Grantland 716		eet 21122 DXIMATE INTERVAL NONSET AND DEATH
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AL DIRECTOR. After this certificate has been signed detached for use as the burial-transit permit. Then plet out Eapt. of Health and Mental Hygiene prior to burial. If them 21 is marked or Item 18 shows any injury, or		Conditions, if ony, which gove rise to immediate couse (o1, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this has sow the deceased alive or sow the sow the deceased alive or sow the deceased alive or sow the sow	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  pitol) ottended the deceosed from the properties of the properties	DEATH BUT NOT RELATED TO THE HOPERATION WAS PERFORMED  DAY YEAR 19 21t. HOW INJURY OF E. FARM, ETC.)  DEGREE  ATTENDIT PHYSICI.  27e ADDRESS	TERMINAL DISEASE OR CON  200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUIT  CITY OR TO  The control on the do	70b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   EVEN COUNTY  TO C	STATE  st
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depth depth		CEASED NAME DOR	A SUSAN	RI	DDELL	20. DATE OF DEATH	MONTH DAY YEAR 4 5 83	9/9A
S DTTer o	3. SE	FEMQLE	White	S. DATE C	=	6. AGE (IN YEARS LAST B	YAS	WUNDER 34 HRS. HOURS WAR
35	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	P. COUNTY OF DEATH	. MD
o) Ontified	0%	OWNSVILLEIM	· CROWNSV	STREET ADDRESS)	Spital Conte	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEV	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
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2 Comin	f4. F.	JOSEPH	MIDDLE	RBY	13. MOTHER'S MAIDEN NA	WIDDLE		AST
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novol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		DIA RE	CO RATO	RI ANGE		XIMATE INTERVAL
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morked or h	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
of He 21 is		22e. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	1116 1000	, ,	d that in (my) (our) opinion	, to	lote and hour and from the	, that (I) (we) lost e causes stated
detoched ore Dept. VT: If Hem		22b. SIGNATURE	Rouds by	u 2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF / 1//	ESIGNED
should be deto with the Store I	216	228. PHYSICIAN'S NAME (TYPE OF	SWOE/OU	LMB	22e ADDRESS		/ //	
~ 3 <del>2</del>	23e.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23c. NAME OF C	emetery or crematory ore National	23d LOCATION CITY OR TOWN Baltimore	e, Maryland	STATE
5 50M 4/82 15, 4)		uneral director eorge J. Gonce,	4001 Ritchie		25e. DAT		256. REGISTRAR'S SIGNA	TUREELS

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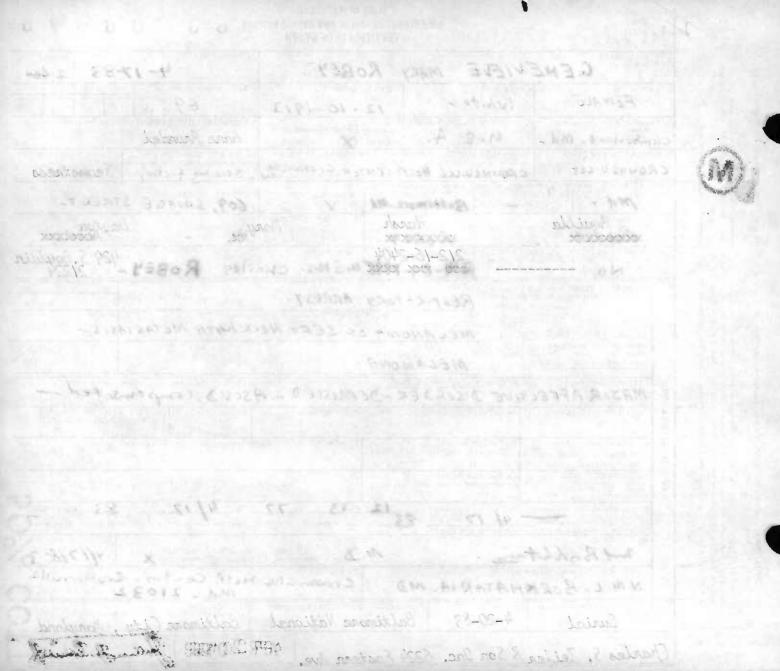
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- STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH Catherine Eileen Ruhland 83 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1919 63 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel Co. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Housewife Appian Way 13. STREET ADDRESS (21122) 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE Schillenberg Edna Davies 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Clayton Ruhland (same as 13e) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Balto., Md. 21225 George J. Gonce F.H. 4001 Ritchie Hgwy.

Crownsville

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINTS Bertie E. 83 Rumenap 16 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 11 1907 76 Whi te (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Anne Arundel Co. WIDOWED X O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Bay Rd. Home maker Riviera Bch. House wife 13b. COUNTY 3c, CITY OR TOWN 8541 Bay Rd. (21122) 13d. INSIDE CITY LIMITS? Riviera Bch. YES A.A. 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Estella Mosberger West 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIE YES GIVE WAR OR DATEST 219-10-6508 Gordon Rumenap 13e) (same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY RENAL FAILURE HIVICH IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF 18 MONTHS MYELOMA Conditions, if onv. which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NON

CITY OR TOWN

YES [ NO [

STATE

sow the deceased alive on\_ obove, (1) (we) (did) (did not) view the body after death

DEGREE

10

ATTENDING

MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

P.M

21e. PLACE OF INJURY

1/2 22 S S PRES 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

MMRYLAND CANCER CENTRE

DHMH - 16 50M 1/81

(VRA 15, 4)

Burial Dalto.,

23b DATE

Loudon Park Cem.

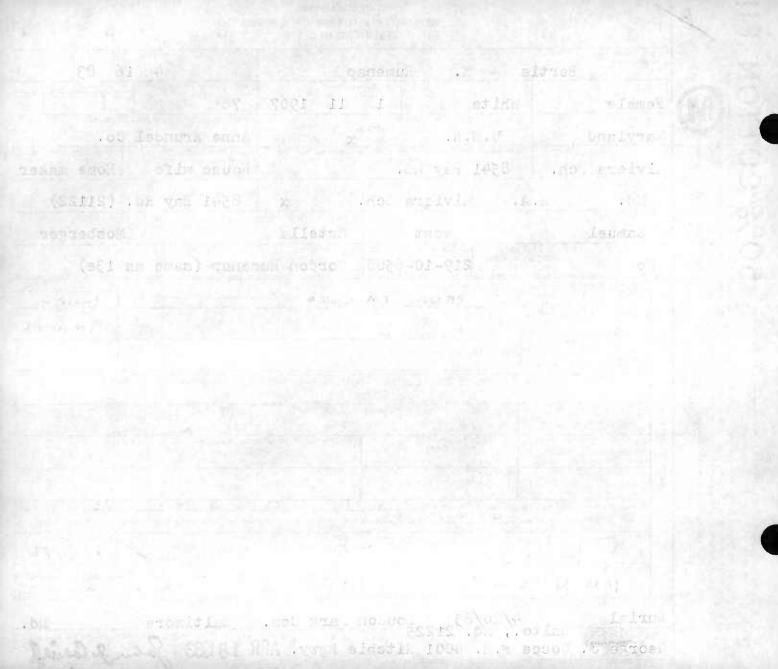
211 LOCATION

Baltimore

BAUTICURE MAD 2120

Md

George J. Gonce F.H. 400 Riss Ritchie Hgwy



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).	0 7	7 7
	1. DECEASED NAME FIRST Matil	MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH DAY	YE AR 2	b HOUR
				shlow	Apri	1 18	1983	0300a N
	Female	White	Jüne	DF BIRTH 1902	6 AGE (IN YEARS LAST BIR	HDAY) IF U		HOURS MIN.
3	76 BIRTHPLACE (STATE OR FOREIGN Virginia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	DIVORCED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF		MD
Z	Ft. Meade, Md.	11. NAME OF HOSPITAL, NURSING KIMDrough Army	Omm .	PROTHER INSTITUTION Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING LIFE)	INDUSTRY	BUSINESSOR
	TUSUAL RESIDENCE (IF NURSING HOME OR 13th STATE 1and 13th COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE A ITY 136 CITY OR TOWN A Severn	1	YES NO NO	13e. STREET ADDRESS 1439 Mai	16000		
U	14 FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST.	
	Franklin	Helmadol		Eliza	Jane	Dav	is	
		E WAR OR DATES)		17 INFORM(Nusbar		55		
	NO N	a <u>P25-03-1</u> ly one couse per line for (o), (b), ond		Edward Ru	ushlow	(same	as #	13) ATE INTERVAL ISET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENT ATTETIOS CONTRIBUTING TO DE	Mel1	itus		DITION GIVEN	IN PART I (o)	,
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES O	S USED OF DEATH?
	0.0000000000000000000000000000000000000		YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)	
7	OK CONTRIBUTING CAUSE OF DEA'  (IF EITHER NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FAR	RM ETC )	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	27a. I certify that (1) (this hospit sow the deceased alive on	ol) oftended the deceosed from	, on	d that in (my) (our) opinion d	, to leoth occurred on the do			of (I) (we) lost uses stoted
	776 SIGNATURE	B Theolout	165		MEDICAL STAF	AN []	4/18	143
		heobalds, M. D.		Kimbrough A	rmy Comm. H	ospital	. Ft M	leade Me
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION		MILLED	57476
	Burial	April21,1983	Glei	n Haven Mem	.Pk. Glen	Burni	e A.A	. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT:

Home Glen Burnie Md. Singleton Funeral

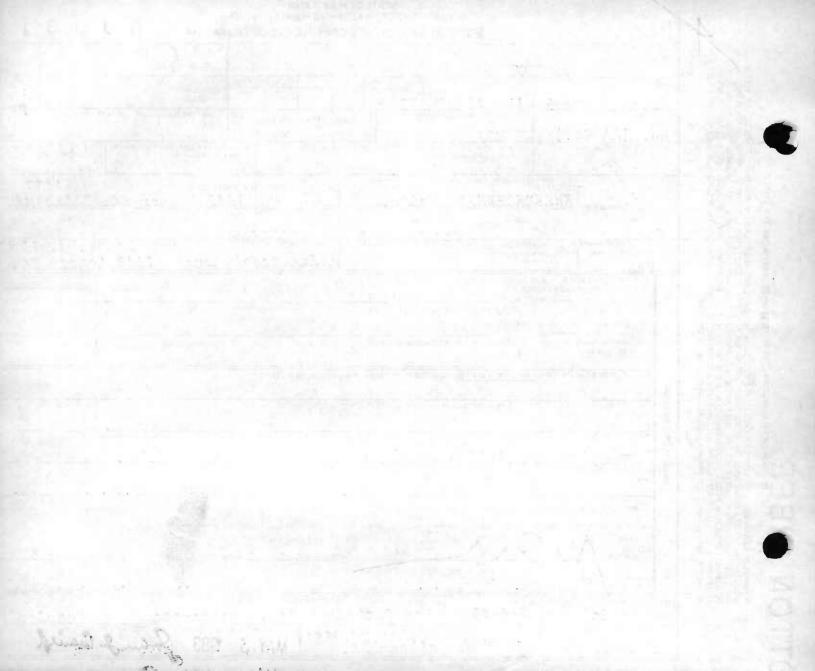
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al I	I - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 9 0 0 0
y be	DECEASED NAME FIRST MIDDLE SAVIA April 2. 1983 1:05  SAVIA April 2. 1983 1:05
1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Female White South 3 and Grand
	BIRTHPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH, OUND ON THE PROPERTY OF WIDOWED   MARRIED MARRIED   MARRI
offer de la contraction de la	CITY OR TOWN OF BEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE INDUSTRY  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE INDUSTRY  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE INDUSTRY  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE INDUSTRY  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OF WORK FOR MOST OF WORKING LIFE INDUSTRY  12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1
12 a 24	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  O STATE  136 COUNTY  137. CITY OR TOWN  136. INSIDE CLY LIMITS?  13. SREET ADDRESS  13. SREET ADDRESS  14. MOTHER'S MADEN NAME
camplered with and 2 s	POORT THOMSON FOLIAST HOLT LAST
on and s. Pages	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 348413 25890 Saula James 0 #13
equires that the death certificate be signed by the attending physicial. Then please remove carbanpapers, to burial, crematian, or removal. injury, or ather troumatic event, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a)  Chronic Obstructive Pulmonary Disease  Wars  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
an range law range law range law range law range law parior ene prior	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \) NO \( \sum \)
목면 불분이 E	LOD COLUMN THE COLUMN TO COLUMN THE COLUMN T
TTENDING pital or oth pital or oth far use as the far use as the far use is the set th	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)  270. I certify that (I) this hospital) attended they beceased from 19 to 19 that (I (we) as saw the deceased alive on 19 to
ITAL OR by the ho RAL DIRE detache stote Dep	226 DATE SIGNATURE  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED 4/4/8  220 PHYSICIAN'S NAME (TO DO PRINT)  220 ADDRESS  221 DATE SIGNED 4/4/8
O o o o o o o o o o o o o o o o o o o o	QURIAL CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION
BP	DOUTON H-5-83 May releteras chieffenhan Dib MID
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FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. N

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		REGISTRAR		4511111	TEATE OF BEATT	REG.'N	٥.		
		CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH D.	AY YEAR	2b. HOUR
	(TYPE	Roman.	John	Schn	ridt	April 2	0, 19	783	6:45pm
	3. SEX		4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	_	ONTHS DAYS	IF UNDER 24 HRS
8		Male	White		re 21, 1910	72	YRS.		
d		COUNTRY!	76. CITIZEN OF WHAT COUNTRY	Y? II.	D NEVER MARRIED	9. BALTIMORE CITY O			
4		New York	USA	WIDOWE		Anne Arun		ounty	MD.
0	B	Baltimore		nd Aver		120. USUAL OCCUPATION OF THE OF WORK FOR MOSTO	F MORKING LIFE	INDUSTRY	Union
5	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR			13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		4	
1			Arundel Baltin	none	YES NO X	408 Tou	nsend	Avenue	, 21225
1		ROMAN ATTENTION ATTENTION ATTENT	John Schm	idt	15. MOTHER'S MAIDEN NAM	WE		Schmi	dt
Ĭ		VAS DECEASED EVER IN U.S. ARA		CURITY NO.	17. INFORMANT	ADDRE	SS		DOLL S
	[Y	YES, NO OR UNKNOWN) (IF YES, GIVE	215-09-	4116	Mary J. Schm	idt. Same	as #13	?	
	TION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	(b)  DUE TO, OR AS A CONSEC  (c)  ONDITIONS CONTRIBUTING TO	O DEATH BUT		INAL DISEASE OR CON		N IN PART 110	
/	CERTIFICATION	194. DATE OF OPERATION	198. CONDITION FOR WHILE	CH OPERATIO		YES NO	IN CERTIFY YES	ING CAUSES	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	Y IN ITEM 18 PA	RT 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		:220.¶ certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	19	, ar	nd that in (my) (aur) apinian c	, ta death accurred on the d			that (1) (we) last causes stated
+		226. SIGNATURE  226. PHYSICIAN'S NAME UPPEOL	Allano	74 /	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC		1h DATE	2/85
		Dr. Marvin J.	Feldman, M.D.		302 Green Sp	ning Statio	n, Lut	thervil	Le, Md.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h. DATE 23 4/25/1983	edan H	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Balto	AA	COUNTY M	STATE

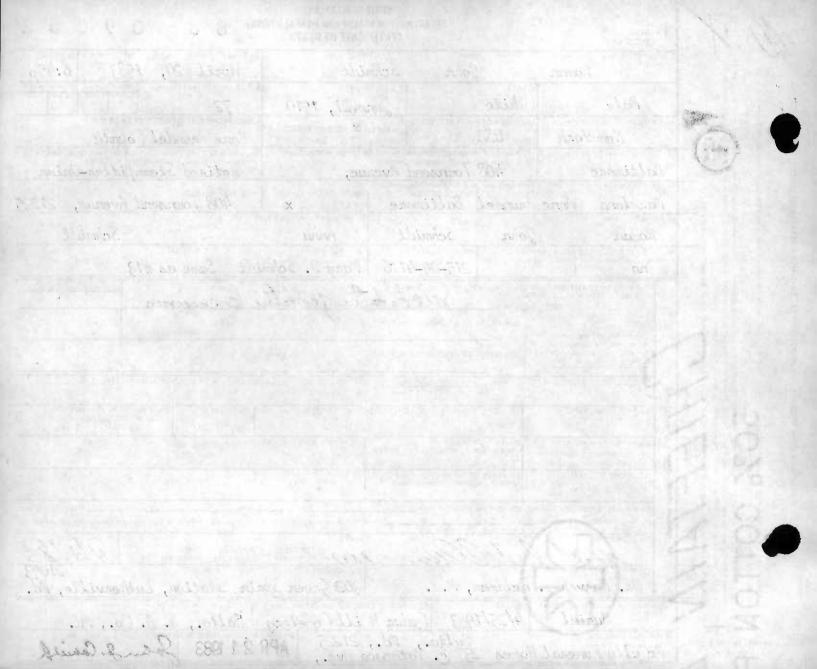
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Mc ully Funeral Homes

Balton, Md., 21225 237 E. Patapsco Ave.

250 DATE REC'D. BY REGISTRAR 251 JEGISTRAR'S SIGNATURE APR 21 1983



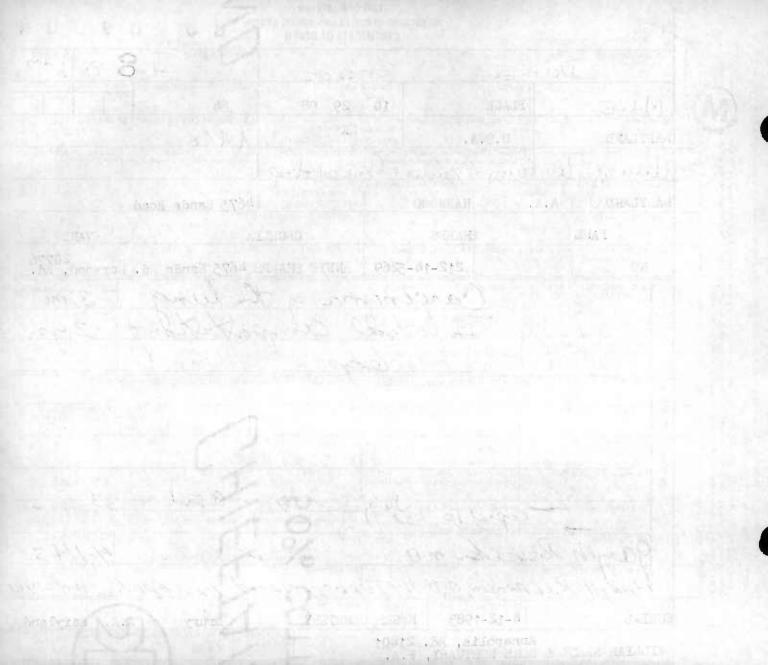
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(VRA 15, 4)

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DIVISION OF VIT

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) harles 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS Male White BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsulvania WIDOWEDEC DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR YPE OF WORK-FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Arundel Hosp, Glen Burnie Lenk. Super . Fort Meade USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Sulvan Way, Pasadena, Md. 2112 aruland asadena. 14. FATHER'S NAME MIDDLE Shirko Stanley Pauline Boroski ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Yes Jame as # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF scheme Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES I NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27n I certify that (1) (this haspital) attended the deceased from\_ \_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated (II (wn) (die 1) till not) view the body after death DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION Maryland Burial Balto National Baltimore. emt. 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Md ully Funeral Home, Mt. & Tickreck Rds. Pasadena. (VRA 15, 4)

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Co		REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.		19,30
3 25		CEASED NAME AGNE	S L.	510	UAK	2a. DATE OF DEATH	11 18	83 2b.	BURD M
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AND 24 h		Md AA		wosville	YES NO NO	P.D. 130	x 2021	senera	Hay
within within d 2 sh	14. F	THER'S NAME	QLE LAS		15. MOTHER'S MAIDEN NA	WE	1	LAST	7
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0 = 000	8.0	underlying cause lost.	(e)						
	Z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART 10	
DIVISION OF VITAL RECORDS, ING PHYSiCIAN: The law requir coffending physicion.  After this certificate has been signs the build-trousit permit. Then to and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or them 18 shows any injuny orked or them 18 shows any injuny.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE		
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ON OF HYSICIA ding pl ding pl ding pl sis certifi buriol-h Mental	MEDICAL	(IF EITHER NOTIFY MEDIC AL EXAMINER)	P.M.	19					
PHY tendi	MED	21d. INJURY OCCURRED  WHILE   NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	own (	OUNTY	STATE
DIVIS  ATTENDING P  Septiol or other  CTOR: After the of for use as the of the or the		22a.1 certify that (I) (this haspital)	attended the deceased for	om 2/12	(83 19	to 4/18	18 > 19	that	(I) (🗪) lost
RATTEN hospitol hospitol wed for us ppt. of Me m 21 is	10	saw the deceased alive on obove, (1) (we) did (did not) v	4/17/83		d that in (my) (and opinion				
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by the ERAL DI State De State De NNT; H h		Stanly Y	Wolten	1 ll -		MEDICAL STA	FF CIAN [	4/20	183
O HOSPITAL etained by it TO FUNERAL should be det with the State		224. PHYSICIAN'S NAME ITYPE OR PR		22.	22e. ADDRESS				
TO HOSPITAL Cretained by the TO FUNERAL Established be detain with the State Elimpoortant; if	0.0	> /	WATKI			Inches			
BP	230.	SPECIFY)	236. DATE 4-22-83	MAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN.	110000 100	to M	1 AAC
	24 F	JNERAL DIRECTOR	(1)	12 R.	Ledy Ackaph	E RECE B B CO TRAF	AV REDISTRAR	SICKATURE	10
DHMH - 16 50M 4/B2 (VRA 15, 4)	1	Ardesty Lunera	1 Home 3	nn. M	10 7 10 4.88 8	. 41.000	7. mc		9

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	100,700	REGISTRAK				CERTIN	ICAIL OI	PEAIN		REG. NO	Э.	7	1	1.50
		EASED NAME	FIRST	- 1	MIDDLE	l	AST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b. HOU	IR
	(TIPE)	ORPRINT	Glad	ys l	Marie	5	Smith		Ar	oril	11,	1983		М
	3. SEX		X +!-	4. RACE		5. DATE C		YEAR	6. AGE (INY	EARS LAST BIR	THDAY)	MONTHS DAYS		24 HRS
		Female		Whi	te	Oct	-	1904		78	YRS		1.00%	
2		OUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRÍE	D NEVER	MARRIED -	9. BALTIMO	RE CITY O	R COUNT	Y OF DEATH	100	
1		aryland			S.A.	WIDOWE		NORCED				el Cou		MD.
1		ivoriown of the length of the		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, NIRD AVE	ADDRESS)		TITUTION	17a USUAL ( TYPE OF WORL) HON	occupation of the common of th	ON F WORKING I CET	LIFE) 126. KIND INDUSTRY OW	of BUSINE	me
P	USUA	L RESIDENCE IF N	URSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)								
5		aryland	13b. COUN	• A •	Glen Bu			NO 🔀		hirc	AVE	enue,	S.W.	
2	A FA	THER'S NAME Charl	es	WIDDLE	Sawin	n		S MAIDEN NAM	AE	WIDDLE		Sch	midt	
1		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.		ANT -SON	_			Pocon		٠,
	(1)	NO OR UNKNOWN)	N N	A	213.50	8697	Mr.	Charle	s S.	Whit	e A	rnold,	MP.	2
	NOI	Conditions, if o gove rise to i couse (o), ste underlying cou	inmediate iting the ose lost	(b) DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  DNTRIBUTING TO C	NCE OF	1	O TO THE TERMI	INAL DISEASI	E OR CONI	DITION GI	IVEN IN PART 1	10	
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	2	WHILE NOT	WHILE WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM EIC	Sal	02/			Jost	103		- 3
		226. SIGNA HIRE	ased plive on ) (did) (did in)	view the	10_	03/	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF	:F	22c. DAT	, that (I) (vecouses stored SIGNED  Aprel	oted
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		URIAL, CREMATIO	N, REMOVAL	PAROAIE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d. LOCA	ATION ORTOWN		COUNTY	5	TATE

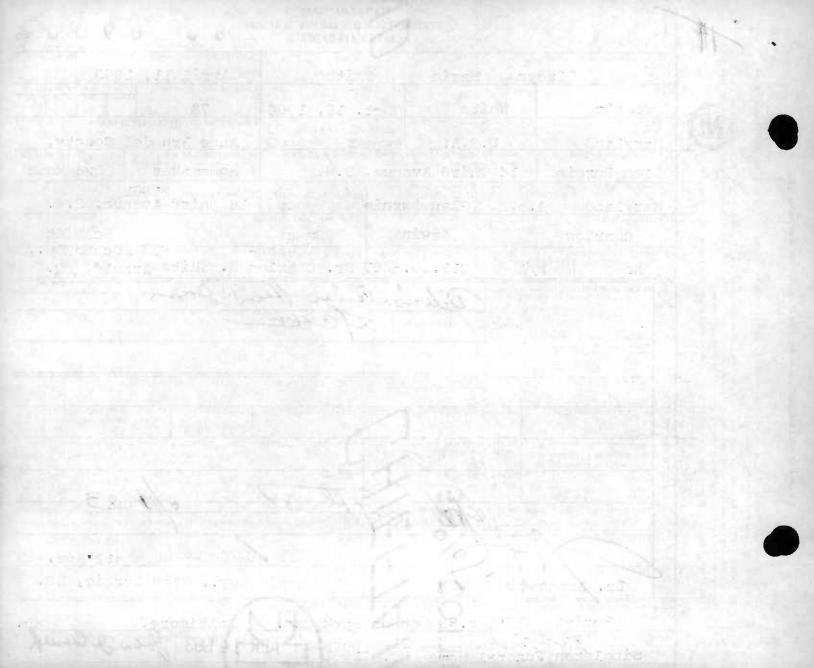
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DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial 15'Apr.83 Park Cem.

Baltimore

PA FUNERAL DIRECTOR Singleton Funeral Home ADDRESS Glen Burnie Me MD. 21061



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1				STAT	E OF MARYLAND				
11	FOR - STATE		DEPARTM		LEALTH AND MENTAL HYG	IENE 8 3	0	9 0	0 9
L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
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70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED XX	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	1-
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-	OHN		ITH		MARY		6.6-1	JON:	ES
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDR		2	1401
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	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	d (c)	1	-1+	-	BETWEEN OF	ATE INTERVAL
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z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	
CERTIFICATION	19a DATE OF OPERATION	I IN COND	TION FOR WALLOW	OBERATIO	ALLWAS DEDECORATE	Too AUTODOV2	Tool In Vice	WEDE EINIEN	
5	LYG DATE OF OPERATION	TYB. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES O	OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINHIPY		21c HOW INJURY OCCURR	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		THE HOW INJOK! OCCORR	ED (ENTER NATURE OF INJU	RY IN HEM IS PAR	I I OR PARI 2)	
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	176 SIGNATURE	ti view the bady	alter death.	-	DEGREE			721 DATES	
	N. DA	Islen	-in	0	ATTENDING _	MEDICAL STA		100	
	22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)	-	-	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	JAN	1	
	14.DA	100	TETNI	. 10.1					

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

18 show

MPORTANT: If Item 21 is marked or

WILLIAM REESE & SONS MORTUARY, P. A. 1501

236. DATE

4-6-1983

23a BURIAL, CREMATION, REMOVAL BURIAL

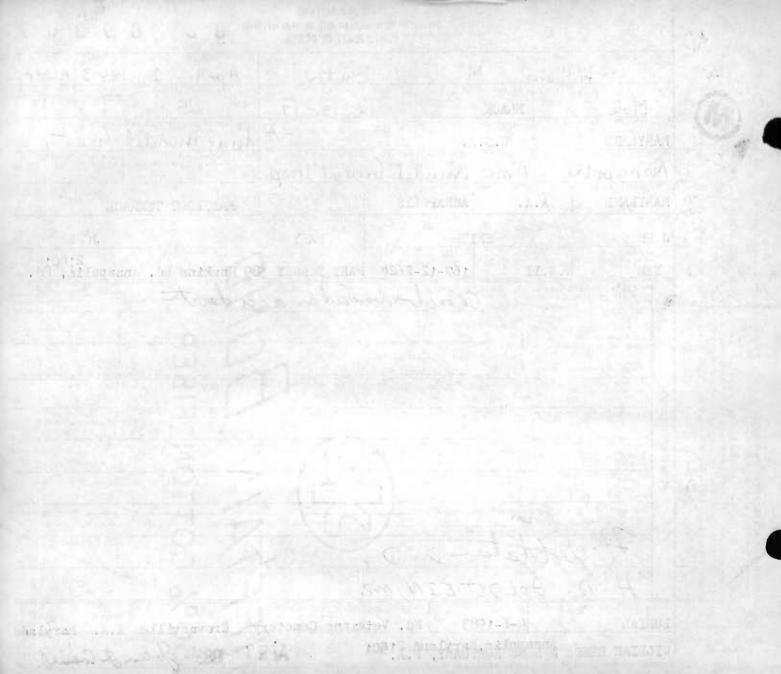
Md. Veterans Cemetery Cr nd 21501 25a DATE REC'D. BY R

23d LOCATION CITY OR TOWN

Crownsville A A Mary
BY REGISTRAR 255 REGISTRAR'S SIGNATURE

COUNTY

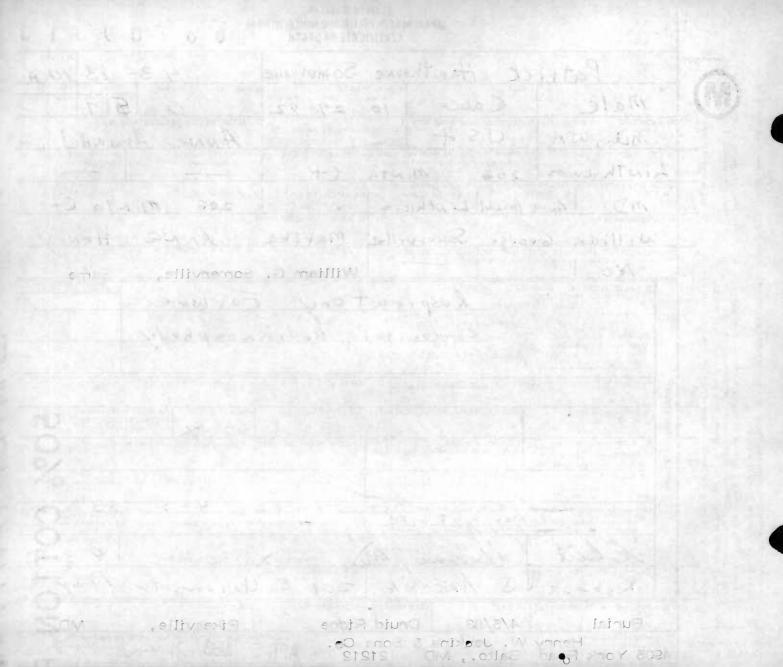
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Balto. MD

(VRA 15, 4)

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MD

Singgle ton Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

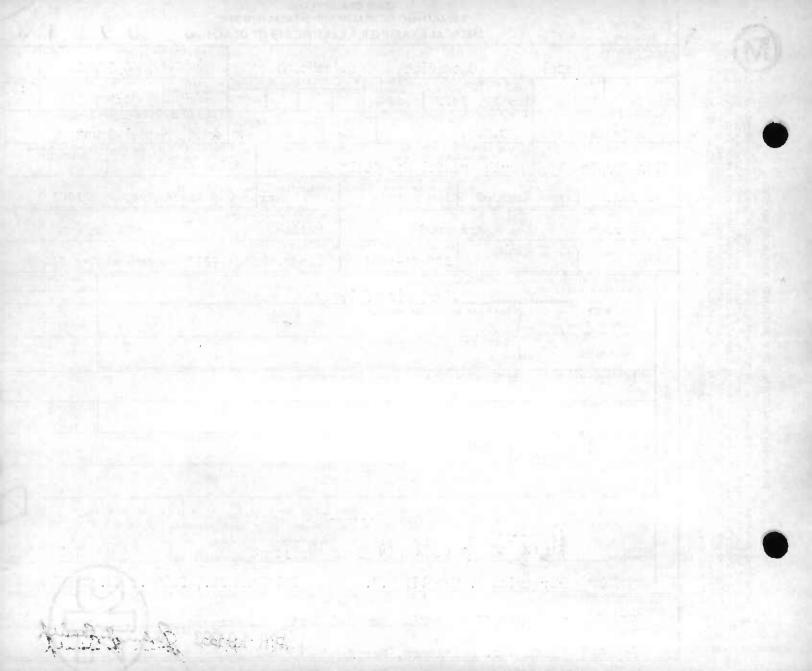
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(VRA 15, 4)

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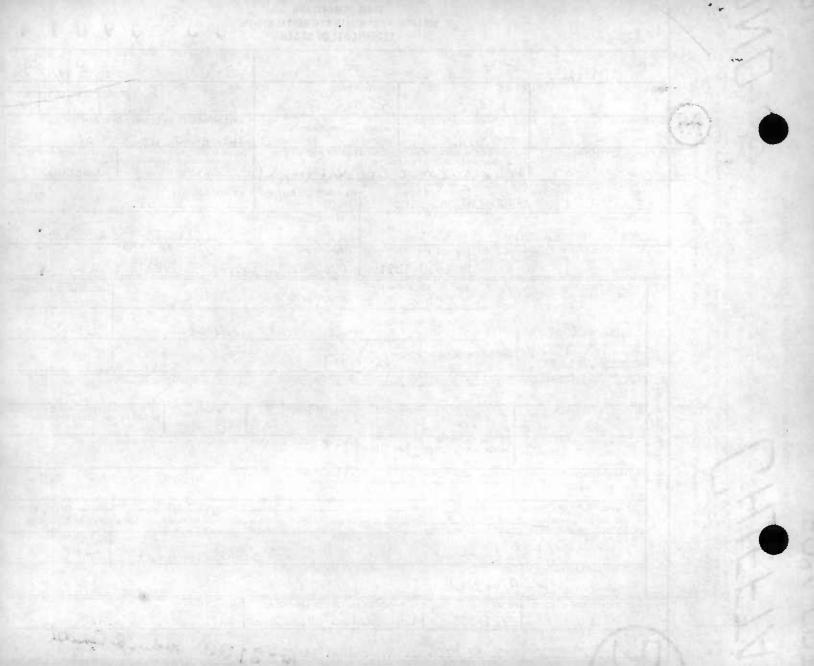
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HARDESTY FUNERAL HOME 12 RIDGELY AVE. ANN. MD 12 2

DHMH - 16 50M 4/82

(VRA 15, 4)



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The Party of the P		ATTENDINGS MEDICAL STAFF
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o HOSP		CHARLES W. KINZER, M.D. 16 MURRAY AVE, ANNAPOLIS MD 2,401
200	23e. B	IRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION COUNTY STATE
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1	MEDICAL	CONTRIBUTING CAUSE C		M. 1 OF INJURY (AT HO)		ATION				
	ME			CTORY, FARM, ETC.)	STR		CITY OR TOWN	COUN	ΙΤΥ	STATE
		AT WORK AT WORK						-		
1		22a. I certify that I taok cho	orge of the remains d	escribed abave, held	an Autopsy	Inspection	Inquiry 1	, and in my apin	ion	
		deoth resulted from No	u al causes .	Accident,	Suicide,	Homicide	Undetermined manner	<u> </u>		
		ACTUAL 25	5 1/			TITLE (SPECIFY)		Pa 4 W.F		
H		SIGNATURE DA	Chill Coll		M.D	Deputy	MEDICAL EXAMINER	DATE SIGNED.	41-9-8	3_
4	1	EXAMINER'S NAME	1	11		/- /	12 1	-/	1 2	
1		(TYPE OR PRINT)	LINNAKK			DDRESS_3ch	Briato. fr	Elfruipo	lis mit	=
	15	JRIAL, CREMATION, REMOVA			CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STAI	E
		REMATION	APRIL 12, 8	3 WESTY		ENLATORY	WESTVIEW	BALTIN	NOIZE N	ND.
	29 FL	NAME O	ADDRE		HIE HU		1 3 1983 AR	REGISTRAR'S SIG	Cohere	
	15	OBERT J. DAR	RANCO	SEVERNI	9 MARK,	MD.				

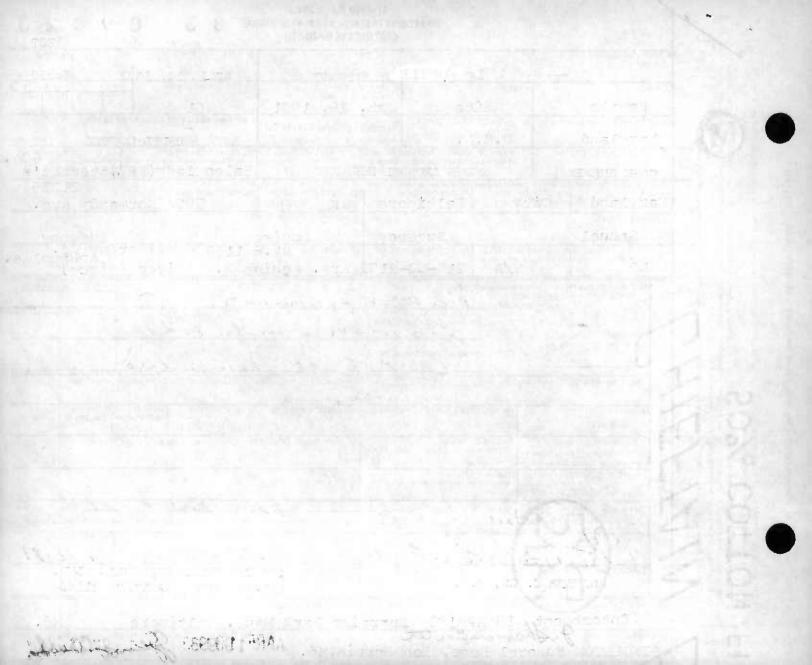
THE REPORT OF THE PROPERTY OF And the state of t Windowski I was a series of the series of th 

	1		FOR				FMARYLAND	44 4		70.	3 (%)
1		1	- STATE REGISTRAR		DEPART		LTH AND MENTAL HYO	0 (	0	9 0	1 8
D		I. DE	ECEASED NAME FIRS	T	MIDDLE	LAST		RE 2a. DATE OF DEA	G, NO. TH MONTH DA	Y YEAR	12b. HOUR
0		- (TYP	E OR PRINT)	sabelle	М.	C+-	rothers			0.00	7:00 am
G		3. SE		4 RACE	FI	5. DATE OF E	BIRTH	6. AGE (IN YEARS LA		2 83 FUNDER I YEAR	IF UNDER 24 HRS
		-	Female	Blac	k	MONTH Q_	25- 1905	77	YRS.	ONTHS DAYS	HOURS MIN.
	206	7a 8	IRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY	? 8 MARRIED		9 BALTIMORE CI	TY OR COUNTY	F DEATH	
4	TO B	Ma	ryland	U.S	.A.	WIDOWED [	DIVORCED [	Anne	Arundel		W
Į	30	10 0	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSI	ING HOME OR (	OTHER INSTITUTION	12a USUAL OCCL	PATION	12h KIND O	F BUSINESS OR
-	200		napolis	Ann	e Arunde	1 Genera	al Hosp	Housewi		Non	e
	327	130	AL RESIDENCE (IF NURSING HO STATE 13b	OUNTY	13c. CITY OR TO		d. INSIDE CITP LIMITS?	13e. STREET ADDR	ESS,		20764
1	سلاع	_	Md A.	Arundel	Shadys	The ball but	ES NO		Al - Jone	s Driv	
	120	19. 77	FIRST	MIDDLE	LAST		. MOTHER'S MAIDEN NA	MIDE	DLE	LAS	r
4	3	14- 1	Lloyd WAS DECEASED EVER IN U.:	A BANED EODOES?	Gaithe 16b. SOCIAL SEC		Florer	ice	DDAFEE	Kin	g
	edic		YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	IBB. SOCIAL SEC		INFORMANT	^	37844 E.	110th	Street
	he h		No l				Mrs Florence	Gentry	Little	Rock,	Calif.
OVO	ent, t		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.	er only one couse pe AUSED BY:	r line for (a), (b), a	ndic 1	0444	1. 00.	1. t	BETWEEN	DISET AND DEATH
rem	Ceve		3 CO JAMI	DIATE CAUSE (0)	uni	1 1	no car	un m	terchon	1 2	Hours
n, o	mom		200		R AS A CONSEOU	JENCE OF	0 7	O Hein	Tena	1 1/	7 1.04
office	tran		Conditions, if any, which	e			ussenta	x rogg	en finsis	1/6	gen
cren	ather		couse (a), stating the underlying couse los		R AS A CONSEOU	JENCE OF	Dielite	me	litur	15	ulas
urial,	0,0		PART 2. OTHER SIGNIFICA	(c)	ONTRIBUTING TO	DEATH BUT NO	V DEL AVED VO SUIS VED			1/2	
tob	nion,	Z	. Contention	THE CONDITIONS C	OIVINIDOTINO IO	DEATH BOT NO	TREEATED TO THE TERM	MINAL DISEASE OR	LONDITION GIVE	VIN PART TI	,
prior	2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATION V	VAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
ene	3hows	TER						YES NO		NG CAUSES	OF DEATH?
Ì.	88.4	CE	210. ACCIDENT WAS UNDERLYIN			DAY YEAR	It. HOW INJURY OCCUR	RED (ENTER NATURE OF	FINJURY IN ITEM 18 PAR	T 1 OR RART 2)	
Mento	5/1	MEDICAL	OR CONTRIBUTING CAUSE (	OF DEATH	.M.	19					
	ō	(ED)	216. INJURY OCCURRED	/ AT HOME ST	OF INJURY REET, FACTORY, OFFICE.		If LOCATION	CITY	OR TOWN	COUNTY	STATE
0	orked	^	AT WORK NOT WHILE			111	10 0	, , , , ,	2	72	
le o	E S		220.1 certify that (I) (this		ne deceased from.	X A I	19 80		. 19		that     (we) last
0	121		saw the deceased aliv	id not) view the body	ofter death.	83 Ind 1	hat in (my) (our) opinion	death accurred on t	he date and hour c	and from the	touses stated
Dept	Pen Pen		III. SHINATURE	1 6.	1.		GREE	1		224 DAT	SIGNED
late	7 -		Sumour	you	wham	и.р.	ATTENDING PHYSICIAN	DIRECTOR   PH	STAFF YSICIAN [	4/5	183.
ith the Stat	RTA		224 PHYSICIAN'S NAME (				e ADDRESS			1	
witht	MPORTAN			REENBAUM,	M.D.		1800 EYE ST	REET N.W.	WASHING	GTON, I	C.2000
	7	23a I	BURIAL, CREMATION, REMO				ETERY OR CREMATORY	23d LOCATION	/N.	GOUNTY TO	TIATE DE
	-/		Burial	4-6-8			wn Cemetery		iottsvil		
M 4	/82		uneral director George R. Snow	aden	246 N.	Wash, Md	Street 250, DAT	REC'D. BY REGIST	RAR 25b. REGISTR	AR'S SIGNAT	URE
4)		1	corge K. Shor	waen	TOCKVI	TTE, III	. 20050	ALK !	DOD JOH	mor	anne y

Thanks Weathan Skitt Hallers 28 Walter Plant Stank May last the Deckment Sty Los Trained Test - AFRRUSH LEST SHEURSHA

SINGLETON Funeral Home, Glen Burnie, Md.

(VRA 15, 4)



injury, ar other troumatic

IMPORTANT: If Item 21 is morked or Item 18 show

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0	9 0	2
	CEASED NAME OR PRINT)	etsy	HORN	ISBY	Tay	lor	20 DATE OF DEATH	MONTH 0AY	83	26. HOUR 6300 M
SEX	F			N	5. DATE C	3 - 8 - 0 4 9	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Vİ	RIHPLACE (STATE OR F OUNTRY) RGINIA		U.S.A		WIDOWE			MADE	FDEATH	MD.
Ar	IN APOLIS	1	IF NOT IN SUCI	HENNOTE STREET	OEN'S	From Horstol	PROPRIETOR	ION DE WORKING LIFE)	TAILOI	R SHOP
MA	TATE RYLAND THER'S NAME	CLAVER		OWINGS	N DMISSION)	136 INSIDE CITY LIMITS?	BOX 95 RTE	.778 0	INGS,	MD
JC	)HN FIRST	MIDO		HORNSB		BETTY	WIDDIE		MASO	1
17	(AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES GIVE WA		212-10-69		REGNA T. OWI	NGS BOX 95			
	18. CAUSE OF DEATI PART I. DEATH W 4. GLOO Conditions, if ony, gove rise to imm cause (a), statim underlying couse	AS CAUSED BY IMMEDIATE C which	AUSE (a) DUE TO, OR	Presson AS A CONSEQUE	NCE OF	is, aente			APPROXIM BETWEEN O	MARTE INTERVAL INSEL AND DEATH
CERTIFICATION	PART 2 OTHER SIGN	tion ,	fol	dage		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
CAL	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHITE NOT WHAT AT WORK	AUSE OF DEATH AL EXAMINER) ED	P.A 21e. PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJUI		OR PART ?)	STATE
	220. I certify that (I) so the decease above, (I) (1) 22b. SIGNATURE	(this hospital)	2 A PR ew the body of	10 3		d that in (my) (mm) apinion of the company of the c		FF _		
	226. PHYSICIAN'S NA	ME (TYPE OR PRI	NT)			22e ADDRESS			1	

23c NAME OF CEMETERY OR CREMATORY

ST.GEORGE EPISCOPAL

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a Burial, Cremation, Removal SPECIFY BURIAL

CHARLES

HARDESTY FUNERAL HOME 12 RIDGELY AVE. ANN., MD

23b DATE

4/16/83

KINZER

25e DATE REC'D.

23d. LOCATION
CITY OR TOWN
PUNGOTEAGUE

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ACCOMAX

12 President to a south TO A THE SECOND OF SECOND SECOND SECOND What I have been been to

FOR

REGISTRAR 1. DECEASED NAME

- STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Ç	) 9	0	2	2
NO.	a' i			
MONTH	DAY	YE AR	26 HOL	Zo.
4	20	83	6	P. M
BIRTHDAY)		ERIYEAR	IF UNDER	
YRS.	MONTHS	DAYS	HOURS	MIN.
OR COUNT	Y OF D	EATH		
HR	w	DEL		MD.
ATION ST OF MORKING L	12b	KINDO	F BUSIN	-
1		LN	54R	MUCE
S		214		
	9R6	SAPE	=73	RD
		LAST		
	-17		ch	
PRESS SO	me	a	5	
#	1 =	3		
		APPROXIA	MATE INTER	DEATH

2a. DATE OF DEATH (TYPE OR PRINT) martha nman 3 SEX 4. RACE DATE OF BIRTH 6 AGE TIN YEARS LAST YEAR Caucasian FEMAL 1900 7a. BIRTHPLACE ATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY COUNTRY MARRIED NEVER MARRIED DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNAPOLIS ANNE ARUNDEL GEN'L JOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRES 13d INSIDE CITY LIMITS? NNAPOLIS 1606 5 NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ( ARDIOLEMIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Gorha thorka Conditions, if only, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRES CREMATION, REMOVAL

DHMH - 16 50M 1/81 (VRA 15, 4)

6

magnes F. Tilphouse FEMALE HOVE HEUDEL There is a mine property of the Confer Language within Whiteseast Maria Maria Robert Breco. M. D. 1216 WHERENLY SE Wasself W. Busing 1/23/83 St 8 MUSINE 13 St AMERICA HA "That is Eurosean Cling of House of The SAIR SEREN From the Country TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be their with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 showsony injury, or other troumotic event, the medicol

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

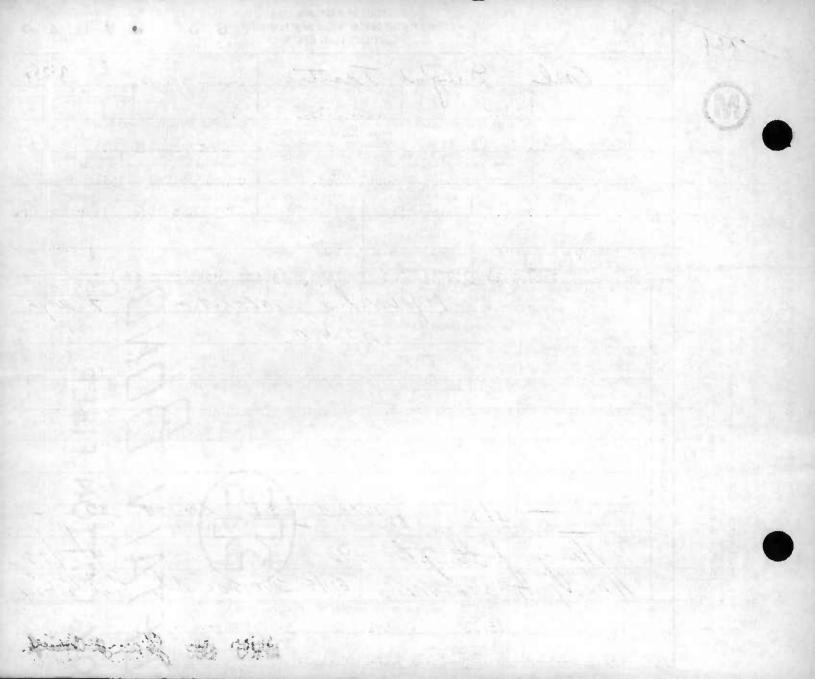
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902

		REGISTRAR				CERTI	FICATE OF DEATH	1	REG. N	0.		
ı		CEASED NAME	FIRST	-	MIDDLE		LAST	20 DA			DAY YEAR	2b. HOUR
1	(IIIE	[D	ne-	2	nual	1	Tratte.	A	pril 4.	1983		3:25 PM
1	3 SEX	(	4	RACE			OF BIRTH		(IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		male		white	V	Fe	b. 9,1905	7	8	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FC	DREIGN 71	L CITIZEN OF	WHAT COUNT	RY? 8.	ED XX NEVER MARRIED	9 BALT	IMORE CITY O		OF DEATH	
1		Broadwate	r. Md	US	SA	WIDOW		-	Anne Ar	undol	Co.	MD.
2	10. C11	TY OR TOWN OF DEAT		1. NAME OF		RSING HOME	OR OTHER INSTITUTION	12a. US	UAL OCCUPATION WORK FOR MOST OF	ON	126 KIND O	F BUSINESS OR
4	LASTIA	Annapolis	10.10.11.01.0	Anne A	rundel	Genera	1 Hosp	co	nstruct	ion	pile/	driving
1	13a S	TATE	13P COUNT	A LINES INSTITUTION	130 CITY OR T		134. INSIDE CITY LIMIT	TS?   13e STR	EET ADDRESS	/	1076	94)
2		Md.	A.A.	Co.	Gales	ville	YES NO		27 East	Side	River	side Dr.
1	4 FA	THER'S NAME	MI	IDDLE	LAST		15. MOTHER'S MAIDE	NNAME	WIDDLE		ĮAS	
4		Frank Tro	t.t.				Ernie				Phi	
		AS DECEASED EVER II		ED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT		ADDRE	SS	4	
		Ves		1928	212-16	9201	Eleanor I	nuise	Trott s	ame as	s 13e.	
		18 CAUSE OF DEATH	(Enter only	one couse per		7-0	1.0	,			APPROXI BETWEEN C	MATE INTERVAL
I		PART I. DEATH WA	MMEDIATE		19	Voca	Edeal .	INFA	ectim		7	01945.
		4/100		DUE TO OF	R AS A CONSE	OLIENCE OF					40	
1		Conditions, if ony,	which	(b)	K AS A CONSE	/	9.5. H.O.					
1		gove rise to imme couse (o), stoting	ediote the		R AS A CONSE							
		underlying couse	last.	(0)	K AS A CONSE	OUENCEOF						
1		PART 2. OTHER SIGNI	FICANTICO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR CON	DITION GIV	EN IN PART 1:	
	NO.	M. Markette			Solicities (St				21.02 011 2011	0111011	217 37 17 7 11 11 11 11	
	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
	Ĭ							YES	ПомП	IN CERTIF	YING CAUSES	OF DEATH?
1	CER	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c. HOW INJURY OC					
1		OR CONTRIBUTING CA			M. MONTH							
Ŧ	MEDICAL	21d. INJURY OCCURRE	-	P./ 21e_PLACE (		19	211. LOCATION					
1	ME	WHILE NOT WHILE	E		EET, FACTORY, OFF	ICE, FARM_ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
1	1	220.1 certify that (1) (		1			ARCH 10	93	100:	4	. 83	
1		sow the deceased		4/4	deceased fro	67	nd that in (my) (and op)	union death ac	urred on the de	to and how		that (f) (wa) lost
		obove, (I)	de did not	view the body	after death.	1		mion depin oci	orred on the do	ne ond noo		
		220. SIGINATOR		1.	4	HB-	DEGREE ATTENDIN	NG. ZMEDIO	^AI STAF	F 1	22c. DATE	SIGNED
4		///	7	10	reinfe	10	-	AN DIREC	CAL STAF	IAN 🗌	1//	183
		274 PHYSICIAN'S NAM	/ most	12 .	-/.	,	22e ADDRESS	SHOWLE	on A	/	SHAD	15:08
1		MARYE	1 2	7 31	FINI	FLO	0170	יוב צי שקחונו	0 2 /10	1	Mel.	20714
1		URIAL, CREMATION, R	EMOVAL	23b. DATE	2	3c NAME OF	CEMETERY OR CREMATO	ORY 23d. L	OCATION CITY OR TOWN		COUNTY	STATE
	,	Cremation	a	4/5/8	3	Westvi	ew Cremator	v B	altimor	e Md	COUNT	STATE
T.	4. FU	NERAL DIRECTOR							BY REGISTRAR		RAR'S SIGNA	unr •
1		NAME			ADDRE			ADDE	1000	rate Acres	KAK S S SINA	

DHMH - 16 50M 1/B1 (VRA 15, 4)

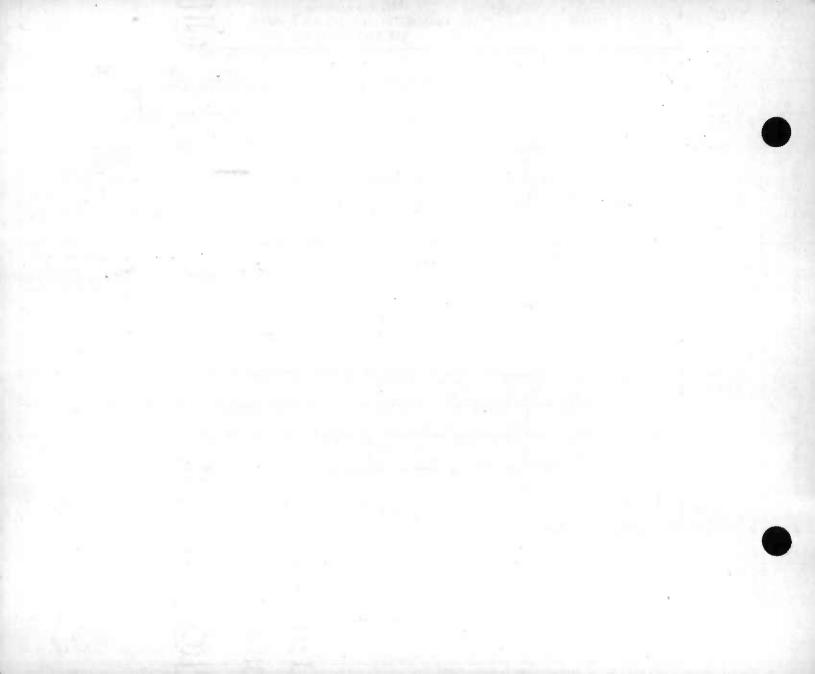
BP.



A 1 F POR BUTTON A 1 SECURITY NO. 11 SET IN ALBERT OF DEATH (CHEE only one couse per line for (c), b), one (c)   12 SET IN ALBERT NO. 13 SET IN ALBERT NO. 14 SET IN ALBERT NO. 15 SET IN ALBERT NO. 1		1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	024
The BRITHARD	NAME I		E OR PRINT)	ed J.Sage Turner DEATH MATED 4	4 19 83
MARRIED NEVER DATE   Anne Arunde  County,   MARRIED NEVER   MARRIED NEVER	N 72 HOL	1	Tale White	Nec. 21 926 56 YRS.  Nonth Day Year Asserthary Months Days Hours Min PRONOUNCED DEAD 4	4 19 83 1:30
The Cartion (which only the control of the cartion) of the cartion	\$ 1 S	FC	REIGHY ON TRY)	WIDOWED DIVORCED Anne Arundel Co	ounty, M
USUAL RESIDENCE (IF IP IN MOSSIAND FOOL OR CHIEF POSTULINO, GONE RESIDENCE OF CONTROL THE CETT OR A DOWN THE CETT OR A DOWN TO STREET ADDRESS CORPORATION  IT FATHER'S NAME  MADRIE  M	853 853	10. C		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OF WORKING LIFE)	OR INDUSTRY
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19 CAUSE OF DEATH (ENTER ONE COUSE OF DEATH (Enter only one couse per line for (a), (b), and (	19835			TY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	321035 Barber Rd
No. AST DECEASED EVER IN U.S. ARMED FORCES?   148. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Same of the support of th	125/726	14. F.	FIDET	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	adley
PART 1 DEATH WAS CAUSE BY   IMMEDIATE CAUSE (o)   Arteriosclerotic cardiovascular disease   Immediate couse graine for (o), (b), and (c).)   PART 1 DEATH WAS CAUSED BY   IMMEDIATE CAUSE (o)   Arteriosclerotic cardiovascular disease   Immediate couse (o) steing the underlying cause last.   Co.   Co	SES /	160.	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Sa	me as
TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME  Thomas D. Smith, M.D.  ADDRESS  T36. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING OR CONTRIBUTING OR STREET  CITY OR TOWN  COUNTY  ACTUAL SIGNATURE  EXAMINER'S NAME  Thomas D. Smith, M.D. ADDRESS  11 Penn St. Balto, MD.  236. BURIAL CREMATION, REMOVAL 236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION INVORTOWN  COUNTY  STA	AL EXAMINER ALONINGRAL TRANSIT PE IND MENTAL HYGIE ITION, OR REMOVA		Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.	(b)	
TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Thomas D. Smith, M.D.  ADDRESS  1216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  116. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  117. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  118. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  118. EXTERNAL CAUSE WAS UNDERLYING OR ALL HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  118. EXTERNAL CAUSE WAS UNDERLYING OR STREET  CITY OR TOWN COUNTY  ACTUAL SIGNATURE  EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS  11 Penn St. Balto. MD.  230. BURIAL CREMATION, REMOVAL 133b. DATE  231c. NAME OF CEMETERY OR CREMATORY 231d. LOCATION IN OR TOWN	ED AS A B ED AS A B HEALTH A NL, CREWA	NOITA			20 AUTOPSY?
ACTUAL SIGNATURE  EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS II Penn St. Balto., MD.  230 BURIAL CREMATION REMOVAL 1236 DATE  1231 BURIAL CREMATION REMOVAL 1236 DATE  1232 NAME CORRESTOR CREMATORY  1234 LOCATION  AUtopsy XX Inspection . Inquiry . and in my apinian  Autopsy XX Inspection . Inquiry . and in my apinian  Autopsy XX Inspection . Inquiry . and in my apinian  Little (SPECIFY)  M.D.Deputy Chiefmedical examiner  SIGNED 4/5/8  1316 NAME (TYPE OR PRINT)  1316 NAME OF CEMETERY OR CREMATORY  1236 LOCATION	R TO BURIA		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
ACTUAL SIGNATURE    ACTUAL SIGNATURE   Company   Company	ATE DEPAI	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f LOCATION	UNTY STATE
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn St. Balto., MD.  130. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 1708 TOWN  1310. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION COUNTY STA	MARYLAND, 2		22s. I certify that I took chard death resulted from Noty: ACTUAL	TITLE (SPECIFY)	4/5/ 83
730. BURIAL CREMATION, REMOVAL 235. DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STA	TIMORE,		EVALUINIENIS NIAME		
Durial May 0.1783 Crownsville Voleran Crownsville H.D. III		23a. E	URIAL, CREMATION, REMOVAL	13b DATE 123r, NAME OF CEMETERY OR CREMATORY 123d, LOCATION	d'm F

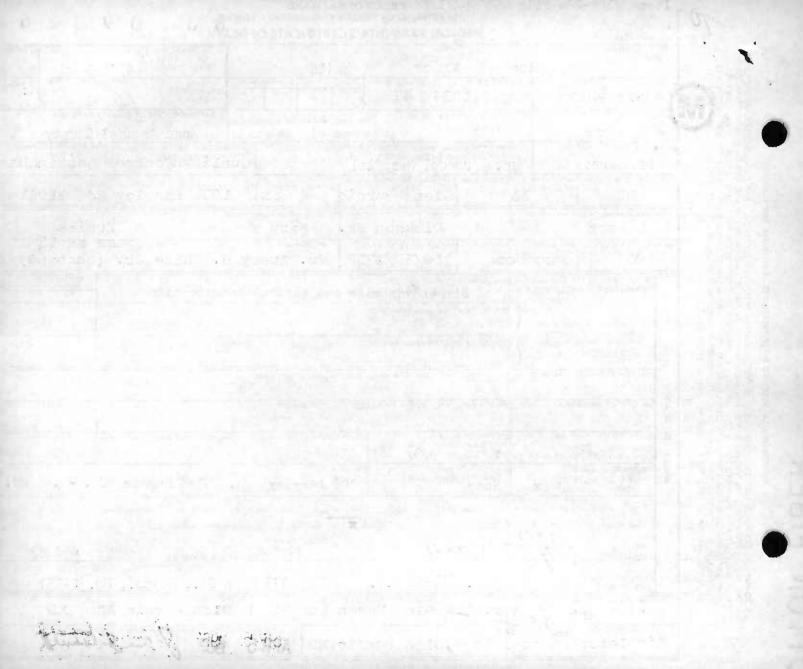
Male white December of the state of the VA USA minuted to the state of the sta Blade Bayrood to ols X allowed well A A GO Early June Famile Gune Country of the State of Luner of the State of State of Luner of the State of St an Ala Mineral marial of levelle DE Still Late Level or inverse Clar sol- Anne policy MD war was great survey

5	#16, FilmG587 1- STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 3	9 0 2 5
nay be page 3	I. DECEASED NAME (TYPE OR PRINT)	ARIE MIDDLE WO	"SWARBETT UNDE T	April 11	1983 1 D M
4 mo	3. SEX Female	RACE S. DATE MON	OF BIRTH TH DAY YEAR 14 CG	6 AGE (IN YEARS LAST BIRTHDAY)  7 VRS.	MONTHS DAYS HOURS MIN
M	M. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) YORK	THE CATAGORIAN OF THE PART CONTENTS OF	ED NEVER MARRIED	ANNE Arundol	Y OF DEATH
by the filled in non	AUNAPOLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUS ENLY	FE) 126. KIND OF BUSINESS OR INDUSTRY UWN HOME
filled in oveld be	Maryland Anne	or other institution, give residence before admission INTY 136, CITY OR TOWN 2 Arunded Annapolus	136. INSIDE CITY LIMITS?	130. STREET ADDRESS BOXWOOD	
ompletely ompletely I and 2 sh	14. FATHER'S NAME FIRST  Jack	LaZar	13. MOTHER'S MAIDEN NAM	WIDDLE	Liss Liss
n ond co	166 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECURITY NO. NE WAR OR DATES)	Herman J. L	1203 Bahar aZar, Coconut C	ma Bend-Apt. 2F reek, Florida APPROXIMATE INTERVAL BETWEEN ON SET AND DEATH
ow requires that the de . been signed by the att min. Then please remove prior to burial, crematic ony injury, or ather from	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BU  (19)  CONDITION FOR WHICH OPERATION	T NOT RELATED TO THE TERMI	20a AUTOPSY? 20b. IF YE	
IAN. The II physician inficate has i-transit pe oil Hygiene in 18 shaws	OR CONTRIBUTING CAUSE OF O	EATH HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR		ES NO
UG PHYSIC ottending ter this cer is the burio s the burio rked or the	(IF EITHER, NOTIFY MEDICAL EXAMINE  214. INJURY OCCURRED  WHILE AT WORK  AT WORK	R) P.M. 19  21e PLACE OF IN JURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
he hospital or DIRECTOR At toched for use a E Dept of Health	sow the deceased alive a above. (D(we) (did) (did)	pital) attended the deceased from 19 23		eath occurred on the date and ho	
by the hor ERAL DIRE ERAL DIRE of detached Stote Depit	228. SIGNATURE	OR PRINT	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-12-85
TO HOSPITAL Percent by the TO FUNERAL (Should be detent with the Store [MADORTANT: #	SAMIT	hell mp	265 B dol	1236 LOCATION	spoles md
BP	230. BURIAL, CREMATION, REMOVA (SPEBULIAL)	4/13/1983 Mount M	oriah Cemetery	Fairview	COUNTY New Jeru
DHMH-16 20M (VRA 15, 4) 7/78	24 Donald M. Stein 232 Carroll Str	Hebrew Memorial Fune eet, N. W., Washingto	WOOD HOME   FA TI	REC'D. BY REGISTRAR 250. REGIS	TRAR'S SIGNATURE



70 .	ems #18a-22a Fi FOR STATE	DEPA	RTMENT OF HEALTH	AND MENTAL HY	(3 .)	0 9	026
1 DE	REGISTRAR CEASED NAME FIRST	MEDICA	L EXAMINER'S C	ERTIFICATE OF	20. DATE KNOWN		Y YEAR 26 HOUR
	Joseph			hite	DEATH MATED	4/4/83	
SEX	emale white	Aug 8,1934	6. AGE (IN YEARS IF UN MONTH	DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE  MIN. PRONOUNCED  DEAD	4/4/83	Y YEAR 4 HOUR
FC	IRTHPLACE (STATEOR DREIGN COUNTRY)  Vew York	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRI	ED NEVER MARRIE		OR COUNTY OF	
G	Glen Burnie	North Arund	el Hospital	er institution	120. USUAL OCCUPATION (TO POR MOST OF WORKING UFE) Quality: Con	PE OF WORK 12b. K	CIND OF BUSINESS OR INDUSTRY ESTINGHSE
	AL RESIDENCE (IF IN NURSING HOME OF STATE MD 136, COUN	OR OTHER INSTITUTION, GIVE RESIDE	nce before admission) ITY OR TOWN Lem Burnie	13d. INSIDE CITY LIMITS? YES NOTE:	13e. STREET ADDRESS Lang	ley Rd	21 061
	Robert	WIDDLE	oickson Sr.	15. MOTHER'S MAIDEN	NAME	Zos	iak
16a V			4/30/2736	Mr. Aver	y H. White	Jr. (h	
NO	PART I DEATH WAS CAUSEI  Conditions, if ony, which gave rise to immediate cause (o) stating the <u>under-</u> lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	ONSEQUENCE OF		intoxication		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION W	AS PERFORMED?		20	AUTOPSY?
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	216 TIME OF INJUR HOUR A.M. MON DEATH ? P.M.		OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 1	3 PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJUSTIFEET, FACTORY, FAR HOME		CATION  Stangley A	ve. Glen Bur	nie A.A.	Co. Md.
	27a I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE	1 0	ent , Suicide , M	TITLE (SPECIFY)  Assistan	Undetermined manner	DATE SIGNED	4/4/83
		7 Apr . 83			231 LOCATION GIEN Burn		MDTATE
	uneral director Singleton Fund	eral Höme,	Glen Burnie		5 1982	SISTRAR'S SIGNA	TURE

20M 4/82



		CEASED NAME	FIRST	M	IDDLE	L	151	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	{TYPI	OR PRINT)	Walla	ice	Emory	l	Villiams		4-2	-83	11 4
	3. SE	x	4. RA		, mory	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 H
1		Male	ALC: N	Wh	ite.	MONTH	- 24-02	80	YRS.	IONINS DATS	HOURS M
12		IRTHPLACE (STATE OR FO	REIGN 7b. C	ITIZEN OF V	VHAT COUNTRY?	6. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	RCOUNTY	OF DEATH	
20	Пс	adoville t	A.	U.S	, A	WIDOWE		Hone A	runde	1 Co	
11	L	TY OR TOWN OF DEAT	110		FACILITY, GIVE STREET	ADDRESS)		128 USUAL OCCUPATI	F WORKING LIFE		
-2	USU	AKRESIDENCE UF NURSIN	G HOME OR OTHER	RINSTITUTION	SIVE RESIDENCE BEFORE		nullescent Cin	rarm	-	self en	mp.
36	130.		136 COUNTY		13c. CITY OR TOW	N		13e. STREET ADDRESS	- 1	020	18:
11	14. F/	ATHER'S NAME	P.G.		Adelphi		YES NO D	9200 Edw	ards 1	Way #31	3.
20		Walter	MIDDL	I.E	LAST.	i mi	Floren	MIDDLE	DA	Beebo	
h			U.S. ARMED		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	Deen	JWGT.
1	1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	163-12-	3443	Dorothy Burge	ess 9200 Ed	wards	Way Ade	elphi
		18. CAUSE OF DEATH	Enter anly an	ne cause per l	ar (a), (b), and	d (c\)					AATE INTERVA
		PART I. DEATH WA	IS CAUSED BY MMEDIATE CA		neum	once	_		-5		
		4900			AS A CONSEQUE	NEE OF	0 01	2.			
		Canditions, if any,		(b)(	Minor	ue ,	Monchule	4			0.00
		gave rise to imme cause (a), stating	the	DUE TO, OR	AS A CONSEQUE	NCE OF					
0.0		underlying cause	last.	(c)			<u> </u>				
New York	z	PART 2. OTHER SIGNI	FICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVI	EN IN PART 110	
7	CERTIFICATION	19a DATE OF OPERATION	ON	19h CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	120b. IF YES	, WERE FINDING	GS USED
4	IFIC							YES T NOT	4	YING CAUSES (	OF DEATH
7	CERT	21a. ACCIDENT WAS UNGER	RLYING	216. TIME OF			21c. HOW INJURY OCCURRE				7.0
4		OR CONTRIBUTING CA		HOUR A.M	a. Month da	YEAR					
-	MEDICAL	21d. INJURY OCCURRE		21e. PLACE C	OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STA
0	2	AT WORK NOT WHILE	E 🗆	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC )	SIRELI	CITIONIO			
		22a I certify that (I) (t	this haspital) o	attended the	decessed from_		. 19	, ta		19	hat (I) (we
		saw the deceased abave, (1) (we) (die	delive an	w the body	ofter death.	, an	d that in (my) (aur) apinian de	eath occurred an the do	ite and haur	and from the co	auses state
		22b. SIGNATURE	11	1		9	ECOFE			22c. DATE S	IGNED
		100	1	1	que	074	ATTENDING PHYSICIAN D	DIRECTOR PHYSIC	IAN 🗌	4 CX	uf
1		228. PHYSICIAN'S NAM	ME-TTYPE CHARM	51	W. 10 10 10 10 10 10 10 10 10 10 10 10 10	100	32# ADDRESS	. /	1 1	1	-
_		Jon's	. Low	ne	775		77 West S	t. Annapol	3. Me	N.	
		BURIAL, CREMATION, RI	EMOVAL 23	B. DATE	23c N	NAME OF C	METERY OR CREMATORY	23d LOCATION		COUNTY	514
	B	irial		4.5-1	33 E	vergre	en Cemetery	Haronsb	ing Cr		
	24 6	INIERAL DIRECTOR					250 DATE	DEC'D BY DECISTRAD	25h CIST	ITAIANA DIO DIO A	IDC .

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

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DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

1983

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPARTM		IEALTH AND MENTAL HYG	GIENE 8 3	<b>0</b>	9 0	2	8
	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR	2
	Clyde	"NMN"	W.	ILLIS	April 2	22, 19	983		M
ò	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2	MIN.
V	Male	White	Oct		54	YRS.			
à	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	)F DEATH		
7	Virginia	U.S.A.	WIDOWE	DI DIVORCED	Anne Ar		L Co.		MD.
)	Glen Burnie	11, NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 1913 Oakle)	Y R	or other institution	(TYPE OF WORK FOR MOST OF Fireman		12b. KIND O INDUSTRY A · A		SS OR
>	USUAL RESIDENCE (IF NURSING HOME OR 136 STATE 13b. COUN A.	NTY 13c CITY OR TOW	N .	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	3 Oak	cley F	22	061
0	14. FATHER'S NAME FIRST Homer	MIDDLE Will:	is	15. MOTHER'S MAIDEN NA.	WE		Hic	cka	
	160. WAS DECEASED EVER IN U.S. AR		RITY NO.	17. INFORMANT	ADDRE	ss Same	as #	† 13	
ì	NO NO N	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO C	NCE OF	NOT RELATED TO THE TERM	ainal disease or cone	DITION GIVEN	N IN PART 1(c		
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDIN		H?
	OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	21c. HOW INJURY OCCUR					
	WHILE NOT WHILE AT WORK								
	sow the deceased alive on	tol) oftended the deceosed from  Manch  1) view the body ofter deoth.	3	nd that in (my) (our) opinion	death occurred on the do	ote and hour o		thot (I) (w couses sto	
	226. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	25 H	3
	Philip H.		M.D.	615 Hammo	nds Lane,	Brook	clyn F	k. I	Md.
	238. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			r Mem.Garde	23d. LOCATION CITY OR TOWN Belai:	r H	arfor	d M	d.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR SINGLETON FUNERAL HOME; ODEN BURNIE, MD

APR 26 1983

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	shine sand the same provent in		
Named American Samo Ca	A Ten Salada (See alka) 1999	ns for Living	

12			FOR	DEDADTI	STATE OF MAKTLAND MENT OF HEALTH AND MENTAL HY	CIENE CO	0 0 0 0 0
10		1	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	0 9 0 2 9
		I. DE	CEASED NAME FIRST	, MIDDLE	LAST ,		AONTH DAY YEAR 126 HOUR.
	3 75	(TYPE	CRPRINT) Lena	Schulz	Windsor		4/8/1989 732
	A Bod a	3.56		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	* 100 th	1	Female	Canc.	12 /25/98	84	YRS. DAYS HOURS MIN.
	2 42 21		RTHPLACE (STATE OR FOREIGN 7b	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
			MD	USA	WIDOWED DIVORCED	HAWE HE	UNDEL- MD.
	2 2	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	176. USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
11201	ors of	-	ALRESIDENCE IN NURSING HOME OR OTH	leasant Livis	o Conval Ctr.	Housewi	Fe
6 21	2 20 0	136.5	TATE 136 COUNTY	J. HEN MPS	38. INSIDE CITY LIMITS?	13. STREET ADDRESS 7	11 3 5 St 21463
YEA	4 11 40	14. FA	THER'S NAME	7 K PUFF	IS MOTHER'S MAIDEN NA	ME	
AAR	1 17/1/	1	William 7	F. Schul	Z Anna	Katheria	e Rehibein
RE. A	1 00 0		VAS DECEASED EVER IN U.S. ARME	D FORCES?   166. SOCIAL SECU	711(120)	ADD	108 TARRYTOWN RD
OW	Pop Pop	1	(ES, NO OR WIKNOWN) (IF YES, GIVE W	212-40-	-1764 TAMES M. W	INDSAR	Cestion MD.
SALT	ate possess		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), on	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to.	4 4311		PART I. DEATH WAS CAUSED E		· A.		
N.	as displaying the same of the		4292	DUE TO, OR AS A CONSEQUE	ENCE OF		
EST	dens dens dens risen		Canditions, if any, which	1 DIFFU	se A.S.C.	VID.	
9. 9	1 1111		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	ENCE OF		
50	thought the			(c)			
DS, 2	hen p to but	z	PART 2. OTHER SIGNIFICANT COI	nditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 110
COR	1 1117	CERTIFICATION	TN. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
86	25 281 1/	F	A Service Section Control			YES TO NOW	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
VITA	The state of the s	8	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OF PART 2)
10	A P P P P	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D.	19		
NO	Sale of the sale o	MEDIC	214 NURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOW	N COUNTY STATE
DIVISION	office of the state of the stat	2	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.)	Marie Internal	
۵	A Die		220.1 certify that (I) (this hospital			, ta	, 19, that (I) (we) last
-	## 825 E		saw the deceased give an above (I) (we) (did (did nat) v	iew the body after death		death accurred an the da	te and haur and fram the causes stated
	P Dept B		274 SIGNATURE	1	DEGREE	_ MEDICAL STAF	22c DATE SIGNED
	PITAL by # FRAL Shore		Jon 1	1 ou	PHYSICIAN	DIRECTOR PHYSICI	AN []
			THE PHYSID AN'S NAME (TYPE OR PE	INT)	ADDRESS	-d 0 ml a	21401
	on on house of the state of the		Joh Dir	-0WE			210 Annapolis ML
		T	URIAL, CREMATION, REMOVAL	136 PAKE 1/2/83 136	AME OF CEMETERY OF GREMATORY	21d LOCATION	APINTY LINE
	BP	24 F	UNERAL DIRECTOR	11700	FRBERT CEMT.	TE REC D. BY REGISTRAR	HOREGISTRAR'S SIGNATURE
	DHMH - 16 50M 4/B2 (VRA 15, 4)	To.	IND FINEDED	Albrel ADDREY	MIAPOLIS MO AF	R 1 2 1983	John J. Capiel
	(The 10, 4)		WILL UNKKHL	MINEL	1110010	1 - 1000	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2h HOUR TYPE OR PRINT Woods April 26, 1983 W. John 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 MRS. October 12, 1915 Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Anne Arundel (ounty Manuland 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION rcrand Point Road Union (arbide Pasadena Anne Arunde Pasadena 13d INSIDE CITY LIMITS? 1915 Orchand Point Road FATHER'S NAME 15 MOTHER'S MAIDEN NAME Schaffen Woods Lena Hanny 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Woods (Same as 13e.) Mrs. Dorothy 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21b. TIME OF INJURY 2 In ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a.1 certify that (1) (thus haspital) attended the deceased from sow the deceased alive on\_ , and that in (my) (aut) apinion death occurred on the date and hour and from the causes stated obove, (I) (wet (did) (did not) view the body ofter death 22b. SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT

STATE OF MARYLAND

22e ADDRESS

1983 Glen Haven Mem. Pank Glen Burnie Anne Anundel

23c NAME OF CEMETERY OR CREMATORY

ly tuneral Home of Pasadena

Tick Neck Rds. Pasadena. Md.

DHMH - 16 60M 1/75 (VRA 15 (4))

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236. BURIAL, CREMATION, REMOVAL

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11.00	700			36/2 75		

8		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10		EST
		CEASED NAME	FIRST		WIDDLE		LAST			YEAR 26. H	IOUR
			HARLA	N	L.	WOO	DLWINE	APRIL 2	2, 1983	7:	: 00A M
	3. SE	X		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER	RIYEAR IF UN	NDER 24 HRS
	1	Male		Whi	te	Dec		70	YRS.		
11	7a. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
17	1	Kansas		U.	S.A.	WIDOW		ANNE A	RUNDEL COL	JNTY	MD.
5/1	10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT		KIND OF BUS USTRY	INESS OR
14		GLEN BURN	IE		TH ARUNDE	L HOS	SPITAL	Civil Se		Retired	d
179	13a.	AL RESIDENCE (IF NURS	13b. COUN		13c CITY OR TOW	Ν	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	21	061	
		MD.	Α.		Glen Bur	nie	YES NO X	108 North	h Bend Ten	rrace	
h	14 F.	ATHER'S NAME		WIDDIE	IAST		15 MOTHER'S MAIDEN NA	ME	DETERMINED	LAST	
4		Charles		W.	Woolwi	ne	Elsie	MIDDLE	Cona		
1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
		no	(4 123, 014	E WAR OR DATES!	218-44-0	242	Mrs. Jean W	loolwine sa	ame as 13		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause per	line forma), (b), an	d (c).)	, , 1			APPROXIMATE IN	NTERVAL AND ATH
		PART I. DEATH W	AS CAUSE	D BY: [E CAUSE (o)	Cons	ini	mes of the	Lan	1	nin	Mas
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		gave rise to imm	nediate	(0)			//				
		underlying couse		DUE 10, O	r as a conseque	NCEOF					
		PART 2. OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN P	ART La	
	Z										
0	ATI	190 DATE OF OPERA	TION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS U	JSED
4	CERTIFICATION							YES NO	IN CERTIFYING C		EATH?
1	CER	210. ACCIDENT WAS UNI					21c HOW INJURY OCCUR				
4		OR CONTRIBUTING		VIB.	M. MONTH DA	Y YEAR					
1	MEDICAL	21d. INJURY OCCUR		21s. PLACE	ÖF INJURY		TIL LOCATION				
	¥	WHILE NOT WE	IILE 🗍	(AT HOME STR	HET FACTORY OFFICE P	alter ETC I	1000	CITY OR TO	OWN COU	YIMIY	STATE
	W	22a.l certify that (I)		tali attended the	e decement from	-	211-83	V-	22 -8	Salar	I) (we) lost
		saw the decease	ed alive an	4-6	1	83	d that in (my) (our) opinion	death accurred on the a	tate and have and fr	, ,	()
	1	abave, (I) (we) (4	did) (did na	view he body	offer death.	1	DEGHEE	arrived arrived		. DATE SIGNI	
		ZZB. SIĢIVATURE	1	mb)	- 10	10.	ATTENDING	MEDICAL _ STA	AFF	. A pe	201
- 1			- 4	yes.	Y	-	PHISICIAN	DIRECTOR PHYSI	CIAN	4-66	13
		22d. PHYSICIAN'S N	1/	1	2		774 ADDRESS 300	HOSPITAL D	RIVE, #13	5	
1		JACK	-	rekn, M.		.1.1.		BURNIE, M	ARYLAND 2	1061	
	23a.	BURIAL, CREMATION,	REMOV	736 DATE	23c N	NAME OF (	EMETERY OR CREMATORY	23d. LOCATION	COUNT	(Y	STATE
		Cremation	118	23 Apr	r. 83 S	ecuri	ty Process	Catonsvi	ille Balti		MD.
32		UNERAL DIRECTOR			ADDRESS		25a DAT	E REC'D. BY REGISTRAN	R 256 RY GISTRAR'S S	NA PIRE	uh
		James S. K	irkle	y F.H.	Glen Bur	nie M	D. Ar	11 40 1000	a man	,	. 6,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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					STATE OF MARYL	AND			
	1.	FOR STATE		DEPARTM	CERTIFICATE OF		0 0	U & U	3 3
	1.05	REGISTRAR		DDLE	LAST		REG, NO.		
o to		CEASED NAME FIRST	MI	DOLE	ÇASI	21	DATE OF DEATH MONTH		HOUR
page 3		Floren		5.	Wrigh	+	4	7 83 5	530 PM
Her p	3. SE	x	4. RACE		5. DATE OF BIRTH U	YEAR 6	AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
000		Female_	Cauca	Sion	2 20	99	84		
INE		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8. MARRIED NEVER	MARRIED 7.	BALTIMORE CITY OR COU	NTY OF DEATH	
EEVEL	1 1	W Jersen	u.	5.		/	Anne Arundo	1 County	MD.
1	10. C	TY OR TOWN OF DEATH			G HOME OR OTHER INS	STITUTION 12	O USUAL OCCUPATION	126. KIND OF	BUSINESS OR
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사 후	14. FA	Maryland Ca	rolline	21639		S MAIDEN NAME	couren	street o	1601
plete		FIRST	WIDDLE	LAST		FIRST	WIDDLE	LAST	
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ysici aper val.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per li	ne for (a), (b), and	110.1	Tol			TE INTERVAL SET AND DEATH
an b emc ever		// 2 // Q IMMED	IATE CAUSE (p)	-onges!	we Heav	rs tail	via	2 mg	~Ths
or o		サイナフ		AS & CONSEQUE	NCE OF	la -			
atter ave tian,		Conditions, if ony, which	( (b)	, / / 8	ar Item	-1 Dise	el c	-	
the remo		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF				
by al, cr		underlying couse lost.	(c)						
pned n pled burial y, ar		PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	NTRIBUTING TO D	EATH BUT NOT RELATED	D TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN N PART 110	-
Then r to b injury	CERTIFICATION	1) Breas	carcin	oma 2	1 Diabete	s wil	h Termina)	Hypoyl	y cemion
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TO FUN should be with the		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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Housewife Bone  Maryland Caroline Greenaboro X 200 Church Street  Howard Starn Clars Perner  no 219-14-1716 Dr. Robert Wright, Choster, ND 216  Fig. 2. Start Street  Fig. 2.					
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Bowie, Maryland

Beall Funeral Home

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